| Case 1 | 6-37478 | Doc 1 | Filed 11/28/16 | Entered 11/28/16 15:57:05 | Desc Main |
|--|---|---|---|---|--|
| Fill in this information to | o identify you | ır case: | Document | Page 1 of 58 | NESS' |
| United States Bankruptcy | Court for the: | - | | UNITED STATES BANKRUPTCY COUR NORTHERN DISTRICT OF ILLINOIS | 1 |
| Northern District of Illinois | 5 | | | NOV 28 2016 | |
| Case number (If known): | | | Chapter you are filing Chapter 7 Chapter 11 Chapter 12 Chapter 13 | JEFFREY P. ALLSTEADT, CLER | Check if this is an amended filing |
| Official Form 10 |)1 | | | | |
| Voluntary F | Petitio | n for | Individual | s Filing for Bankru | iptcy 12/15 |
| Debtor 2 to distinguish be same person must be Del Be as complete and accur | etween them. btor 1 in all o rate as possi e is needed, a question. | In joint case f the forms. ble. If two ma | es, one of the spouses in arried people are filing | needed about the spouses separately, the must report information as <i>Debtor 1</i> and together, both are equally responsible for. On the top of any additional pages, write | he other as Debtor 2. The |
| rate it. Identity Four | | out Debtor 1: | | About Debtor 2 (Spouse | e Only in a Joint Case): |
| 1. Your full name | | | | | |
| Write the name that is o government-issued picti identification (for examp your driver's license or | ure Einst | titia _{name} | | First name | |
| passport). | Midd | le name | | Middle name | |
| Bring your picture identification to your me with the trustee. | | name | | Last name | Market Control of the |
| With the Hustee. | | | | | |
| | Suffi | x (Sr., Jr., II, III) | | Suffix (Sr., Jr., II, III) | |
| | ı | x (Sr., Jr., II, III) | | Suffix (Sr., Jr., II, III) | neirenne |
| All other names you have used in the las years | i | x (Sr., Jr., II, III) name | | Suffix (Sr., Jr., II, III) First name | |
| have used in the las years Include your married or | i t 8 First | | | | |
| have used in the las years | t 8 First | name | | First name | |
| have used in the las years Include your married or | t 8 First Midd | name le name | | First name Middle name | |
| have used in the las years Include your married or | t 8 First Midd Last | name le name name | | First name Middle name Last name | |
| have used in the las years Include your married or | it 8 First Midd Last First Midd | name le name name | | First name Middle name Last name First name | |
| years Include your married or | it 8 First Midd Last First Midd | name le name name name | | First name Middle name Last name First name Middle name | |
| have used in the las years Include your married or | First Midd Last Midd Last | name name name name name | 1 9 9 8 | First name Middle name Last name First name Middle name Last name | |

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Debtor 1

6.

Case number (if known)_

| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|--|---|--|
| Any business names and Employer Identification Numbers (EIN) you have used in | I have not used any business names or EINs. | ☐ I have not used any business names or EINs. |
| the last 8 years | Business name | Business name |
| Include trade names and | | |
| doing business as names | Business name | Business name |
| | EIN | EIN |
| | EIN | EIN |
| Where you live | | If Debtor 2 lives at a different address: |
| | 7725 S King Dr Number Street | Number Street |
| | | |
| | Chicago, IL 60619 | |
| | City State ZIP Code | City State ZIP Code |
| | Cook | |
| | County | County |
| | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | Number Street | Number Street |
| | P.O. Box | P.O. Box |
| | City State ZIP Code | City State ZIP Code |
| Why you are choosing | Check one: | Check one: |
| this district to file for bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | |
| | | |
| | | |

| De | Case 16-37 Lef, HA First Name Middle N | SO | Filed 11/28/16 Document | | ed 11/28/16 3 of 58 Case number (# %) | | Desc Main |
|------------|---|---|--|--|---|---|---|
| Pa | art 2: Tell the Court Abo | out Your Bankr | uptcy Case | | | | |
| 7. | The chapter of the Bankruptcy Code you are choosing to file under | | 1 2 | | | | |
| 3. | How you will pay the fee | local cour yourself, y submitting with a pre I need to Application I request By law, a jess than pay the fe | judge may, but is not re 150% of the official pov | how you measured to how you ments. If you may equired to, wenty line that a choose the | nay pay. Typicall theck, or money ur attorney may pur attorney may pur choose this op a request this optwaive your fee, a at applies to you his option, you m | ly, if you are pay order. If your a pay with a creo otion, sign and onts (Official Found may do so our family size and ust fill out the | aying the fee attorney is dit card or check attach the orm 103A). are filing for Chapter 7. only if your income is nd you are unable to Application to Have the |
|) . | Have you filed for bankruptcy within the last 8 years? | | # | | | | |
| 0. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Distric Debto | t manufacture and the second s | When | MM / DD / YYYY | Case number, if I | known |
| 4 | Do you ront your | r 4 | | | | | |

11. Do you rent your residence?

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

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Case number (if known)

State

ZIP Code

| Dave | |
|----------|--|
| er ess t | |

| | ou a sole proprietor y full- or part-time | 2 No. Go to Part 4. | | | | | | |
|---|---|--------------------------|---|-------------------------|--|--|--|--|
| busir | ness? | ☐ Yes | ☐ Yes. Name and location of business | | | | | |
| busine individ separa | proprietorship is a ess you operate as an lual, and is not a ate legal entity such as poration, partnership, or | Name of business, if any | | | | | | |
| LLC. | | | Number Street | | ······································ | | | |
| sole p | have more than one roprietorship, use a late sheet and attach it | | | | | t and the state of | | |
| เบเทร | petition. | | City | | State | ZIP Code | | |
| | | | Check the appropriate bo | x to describe your busi | iness: | | | |
| | | | ☐ Health Care Business | • | | | | |
| | | | ☐ Single Asset Real Es | | |))) | | |
| | | | Stockbroker (as defined in 11 U.S.C. § 101(53A)) | | | | | |
| | | | ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6)) | | | | | |
| | | | ☐ None of the above | | | | | |
| busine | or? definition of <i>small</i> ess <i>debtor</i> , see S.C. § 101(51D). | No. | I am not filing under Chapter 11. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the | | | | | |
| art 4: | Report if You Own o | or Have | Bankruptcy Code. Any Hazardous Prope | erty or Any Propert | y That Needs | Immediate Attention | | |
| | ou own or have any | ☑ No | | | | | | |
| allege of im | erty that poses or is ed to pose a threat minent and fiable hazard to | Yes. | What is the hazard? | | | | | |
| | oublic health or safety? Or do you own any Property that needs The mediate attention? | | | | | | | |
| public Or do prope | you own any erty that needs | | If immediate attention is | needed, why is it need | ed? | *************************************** | | |
| public Or do prope imme For ex- perisha that me | you own any erty that needs | | If immediate attention is | needed, why is it need | ed? | | | |

City

Case 16-37478

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Desc Main

Debtor 1

Letifia Scott

Case number (if known)_____

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| u | I am not required to receive a briefing about |
|---|---|
| | credit counseling because of: |

I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| Į | 1 | an | า กด | t r | equi | red | to | rece | ive | a | briefing | about |
|---|-------|----|------|-----|------|-----|----|------|-----|---|----------|-------|
| | | | | | | | | ecau | | | | |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making

through the internet, even after I

rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

reasonably tried to do so.

Active duty. I am currently on active military

duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known)_

| 16. What kind of debts do | 16a. Are your debts primai | rily consumer debts? Consumer deb | ots are defined in 11 U.S.C. § 101(8) | | | | | |
|--|--|--|---|--|--|--|--|--|
| you have? | as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. | | | | | | | |
| | Yes. Go to line 17. | | | | | | | |
| | | rily business debts? Business debts vestment or through the operation of the | | | | | | |
| | No. Go to line 16c. Yes. Go to line 17. | | | | | | | |
| | 16c. State the type of debts you | owe that are not consumer debts or but | siness debts. | | | | | |
| 7. Are you filing under Chapter 7? | ☐ No. I am not filing under Ch | napter 7. Go to line 18. | | | | | | |
| Do you estimate that after | | | | | | | | |
| any exempt property is excluded and | administrative expense | es are paid that funds will be available to | distribute to unsecured creditors? | | | | | |
| administrative expenses | ☑ No | | | | | | | |
| are paid that funds will be available for distribution to unsecured creditors? | ☐ Yes | | | | | | | |
| 8. How many creditors do | 2 1-49 | 1,000-5,000 | 2 5,001-50,000 | | | | | |
| you estimate that you owe? | 50-99 | 5,001-10,000 | 50,001-100,000 | | | | | |
| ower | ☐ 100-199 ☐ 200-999 | 10,001-25,000 | ☐ More than 100,000 | | | | | |
| 9. How much do you | \$0-\$50,000 | □ \$1,000,001-\$10 million | \$500,000,001-\$1 billion | | | | | |
| estimate your assets to | \$50,001-\$100,000 | ☐ \$10,000,001-\$50 million | \$1,000,000,001-\$10 billion | | | | | |
| be worth? | \$100,001-\$500,000 | \$50,000,001-\$100 million | \$10,000,000,001-\$50 billion | | | | | |
| | □ \$500,001-\$1 million | □ \$100,000,001-\$500 million | ☐ More than \$50 billion | | | | | |
| How much do you | \$0-\$50,000 | ☐ \$1,000,001-\$10 million | □ \$500,000,001-\$1 billion | | | | | |
| estimate your liabilities to be? | \$50,001-\$100,000 | \$10,000,001-\$50 million | \$1,000,000,001-\$10 billion | | | | | |
| to be? | \$100,001-\$500,000 | \$50,000,001-\$100 million | \$10,000,000,001-\$50 billion | | | | | |
| Part 7: Sign Below | □ \$500,001-\$1 million | □ \$100,000,001-\$500 million | More than \$50 billion | | | | | |
| art 7: Sign Below | | | | | | | | |
| For you | I have examined this petition, ar correct. | nd I declare under penalty of perjury that | the information provided is true and | | | | | |
| | | apter 7, I am aware that I may proceed, understand the relief available under ea | | | | | | |
| | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | | | |
| | | | | | | | | |
| | | ılt in fines up to \$250,000, or imprisonme | money or property by fraud in connection for up to 20 years, or both. | | | | | |
| | * Letita De | <u>*</u> | | | | | | |
| | Signature of Debtor 1 | Signatur | e of Debtor 2 | | | | | |
| | Executed on 1/ 23 | 16 Executed | d on | | | | | |
| | MM / DD / | YYYY | MM / DD /YYYY | | | | | |

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Debtor 1

Letitia Scott

Case number (if known)____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| | Date | |
|----------------------------------|--------------------|---------------|
| Signature of Attorney for Debtor | * | MM / DD /YYYY |
| | | |
| Printed name | | |
| Firm name | WWY8870-110-10-1-2 | |
| Number Street | | |
| City | State | ZIP Code |
| Contact phone | Email address | |
| | | |

Entered 11/28/16 15:57:05 Desc Main Filed 11/28/16 Page 8 of 58 Document Debtor 1 Case number (if known) For you if you are filing this The law allows you, as an individual, to represent yourself in bankruptcy court, but you bankruptcy without an should understand that many people find it extremely difficult to represent attorney themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney. If you are represented by To be successful, you must correctly file and handle your bankruptcy case. The rules are very an attorney, you do not technical, and a mistake or inaction may affect your rights. For example, your case may be need to file this page. dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay. You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete.

hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

If you decide to file without an attorney, the court expects you to follow the rules as if you had

Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

| Are you aware that filing for bankruptcy is a serious action with long-term financial and consequences? | d legal |
|--|------------------|
| □ No ☑ Yes | |
| Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy for inaccurate or incomplete, you could be fined or imprisoned? | ms are |
| □ No ☑ Yes | |
| Did you pay or agree to pay someone who is not an attorney to help you fill out your b No | ankruptcy forms? |
| ☐ Yes. Name of Person | Form 119). |

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

| x letter lever | × |
|--------------------------------|-----------------------|
| Signature of Debtor 1 | Signature of Debtor 2 |
| Date // 33 2016 MM/DD /YYYY | Date MM / DD / YYYY |
| Contact phone 773 507-6631 | Contact phone |
| Cell phone 773 657-0055 | Cell phone |
| Email address | Email address |

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| | Fill in this in | formation to identify y | our case: | | | | |
|---------|---------------------------------|--|--|---|---|-------------------------|--|
| | Debtor 1 | Letitia Scott | Middle Name | Last Name | | | |
| | Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| | United States I | Bankruptcy Court for the: N | orthern District of Illinois | | | | |
| , | Case number | (If known) | | | | | heck if this is an |
| <u></u> | | (t NIOWII) | | | | а | mended filing |
| C | Official F | orm 106Sum | | | | | |
| S | ummar | y of Your Ass | ets and Liabi | lities and (| Certain Statistical Info | rmatio | n 12/15 |
| in | formation. F | ill out all of your sched | sible. If two married pedules first; then comple a new <i>Summary</i> and c | te the information | ether, both are equally responsible for on this form. If you are filing amended e top of this page. | supplying d schedule | correct s after you file |
| P | art 1: Su | mmarize Your Asse | ts | | | | |
| | | | | | | Your ass | ets what you own |
| 1, | | /B: Property (Official For | | | | | • |
| | 1a. Copy lin | ne 55, Total real estate, fi | rom Schedule A/B | *************************************** | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | \$ | 152,866.00 |
| | 1b. Copy lin | e 62, Total personal pro | perty, from Schedule A/B | 3 | | \$ | 3,600.00 |
| | 1c. Copy lin | e 63, Total of all property | y on Schedule A/B | | | \$ | 156,466.00 |
| P | art 2: Su | mmarize Your Liabil | ities | | | | |
| | | | | | | Your lia | bilities |
| 2 | Sahadula D | : Craditara Wha Hava Cl | aims Secured by Propert | 4. (O#5-i-1 F 400 | | Amount | you owe |
| ۷. | | | | | ast page of Part 1 of <i>Schedule D</i> | \$ | 137,997.03 |
| 3. | | | Unsecured Claims (Offici (priority unsecured clain | • | Schedule E/F | \$ | 0.00 |
| | 3b. Copy the | e total claims from Part 2 | (nonpriority unsecured of | claims) from line 6j c | of Schedule E/F | + \$ | 16,727.40 |
| | | | | | Your total liabilities | \$ | 154,724.43 |
| | | | | | | L | ************************************** |
| Pa | art 3: Sui | mmarize Your Incom | e and Expenses | | | | |
| 4. | Schedule I: | Your Income (Official Fo | rm 106l) | | | | 2 200 44 |
| | Сору уоиг с | combined monthly income | e from line 12 of Schedul | le I | | \$ | 2,299.44 |
| 5. | | Your Expenses (Official nonthly expenses from li | • | | | \$ | 3,101.03 |

| ebtor 1 | Case 16-37478 Doc 1 Filed 11/28/16 Entered 11/28/16 15:57:05 Document Page 10 of 58 | Desc Main |
|--------------------|--|------------------|
| art 4: | Answer These Questions for Administrative and Statistical Records | |
| . Are yo | ou filing for bankruptcy under Chapters 7, 11, or 13? | |
| ☐ No ☑ Ye | o. You have nothing to report on this part of the form. Check this box and submit this form to the court with your o | other schedules. |
| . What i | kind of debt do you have? | |
| ⊠ Yo fan | our debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a p mily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | ersonal, |
| Yo this | our debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this bo is form to the court with your other schedules. | x and submit |
| From t | the Statement of Your Current Monthly Income: Copy your total current monthly income from Official 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | \$\$ |
| Copy t | the following special categories of claims from Part 4, line 6 of Schedule E/F: | |
| | Total claim | |
| From | n Part 4 on Schedule E/F, copy the following: | |

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.)

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

9d. Student loans. (Copy line 6f.)

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

9g. Total. Add lines 9a through 9f.

\$\frac{0.00}{0.00}\$

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| | | | Document Page 11 of 58 | | |
|--------------------------|--|-------------------------------------|--|--|---------------------------------------|
| Fill in this i | information to identify yo | our case and this | s filing: | | |
| | Latitia Coatt | | | | |
| Debtor 1 | Letitia Scott First Name | Middle Name | Lasi Name | | |
| Debtor 2 | | | | | |
| Spouse, if filing | g) First Name | Middle Name | Last Name | | |
| Inited States | s Bankruptcy Court for the: No | orthern District of | Illinois | | |
| ase number | T | **** | | r | . |
| | | | | Ĺ | Check if this is ar amended filing |
| | . _ | | | | amended illing |
| Officia | I Form 106A/B | | | | |
| Sche | edule A/B: F | Propert | v | | 12/15 |
| | | - | | | |
| n eacn cat category w | tegory, separately list and where you think it fits bes | d describe items t. Be as comple | s. List an asset only once. If an asset fits in mo ete and accurate as possible. If two married peo | re than one category, list pole are filing together, by | the asset in the oth are equally |
| responsibl | le for supplying correct is | nformation. If m | ore space is needed, attach a separate sheet to | this form. On the top of | any additional pages |
| write your | name and case number (| (if known). Answ | ver every question. | | |
| art 1: D | Describe Each Reside | nce. Building. | Land, or Other Real Estate You Own or H | lave an Interest In | |
| | | , | The state of the s | ave an interest in | |
| Do you o | own or have any legal or | equitable intere | st in any residence, building, land, or similar pr | operty? | |
| | Go to Part 2. | | | | |
| Yes. | Where is the property? | | | | |
| | | | What is the property? Check all that apply. | Do not deduct secured cl | |
| 1.1. 7 | 725 S King Dr | | ✓ Single-family home Duplex or multi-unit building | the amount of any secure Creditors Who Have Clair | |
| | reet address, if available, or ot | her description | ☐ Duplex or multi-unit building☐ Condominium or cooperative | | |
| | | | Manufactured or mobile home | Current value of the entire property? | Current value of the portion you own? |
| | | | ☐ Land | s 152,866.00 | \$ 152,866.00 |
| C | Chicago II | 60619 | ☐ Investment property | * <u></u> | |
| Cit | | ate ZIP Code | Timeshare | Describe the nature of interest (such as fee | |
| | • | | Other | the entireties, or a lif | |
| | | | Who has an interest in the property? Check or | ie. | |
| С | ook | | Debtor 1 only | | |
| Co | ounty | | Debtor 2 only | П октовия и т. т. | *** |
| | | | Debtor 1 and Debtor 2 only | (see instructions) | ommunity property |
| | | | At least one of the debtors and another | , | |
| | | | Other information you wish to add about this property identification number: | item, such as local | |
| If you ow | n or have more than one, I | ist here: | | | |
| • | | | What is the property? Check all that apply. | Do not deduct secured cla | oime as assessables. D.A. |
| | | | ☐ Single-family home | the amount of any secure | |
| 1.2. <u>Str</u> | eet address, if available, or oth | ner description | Duplex or multi-unit building | Creditors Who Have Clair | ms Secured by Property. |
| 30 | on address, ii available, Ul Uli | ioi description | Condominium or cooperative | Current value of the | Current value of the |
| | | | Manufactured or mobile home | entire property? | portion you own? |
| | | | Land | \$ | \$ |
| | | | Investment property | Describe the nature of | of vour ownseehin |
| City | y Sta | ate ZIP Code | ☐ Timeshare | interest (such as fee | simple, tenancy by |
| | | | Other | the entireties, or a life | |
| | | | Who has an interest in the property? Check one | | |
| | | | Debtor 1 only | | |
| Co | univ | | Debtor 2 only | | |

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Check if this is community property

(see instructions)

County

| 1.3 | Street address, if available, or other description City State ZIP Code | What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one. | Do not deduct secured classes amount of any secure Creditors Who Have Claim Current value of the entire property? \$ | cd claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$ |
|-----------------|--|---|--|---|
| | County | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this its property identification number: | Check if this is co (see instructions) em, such as local | ommunity property |
| you | have attached for Part 1. Write that number I | nere. | ······→ | \$152,866.00 |
| ou owr Cars | own, lease, or have legal or equitable interests that someone else drives. If you lease a vehicle s, vans, trucks, tractors, sport utility vehicles | st in any vehicles, whether they are registered or a earlier and some state of the contracts of the contract of the | not? Include any vehicles and Unexpired Leases. | S |
| o you ou owr | own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle s, vans, trucks, tractors, sport utility vehicles | e, also report it on Schedule G: Executory Contracts | not? Include any vehicles and Unexpired Leases. Do not deduct secured clathe amount of any secured Creditors Who Have Clain Current value of the entire property? | ims or exemptions. Put d claims on Schedule D: |

Debtor 1

Case 16-37478 Letitia Scott Doc 1

Filed 11/28/16 Entered 11/28/16 15:57:05 Desc Main Document Page 13 of Sumber (if known) Who has an interest in the property? Check one. 3.3. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: \$ Check if this is community property (see instructions) Who has an interest in the property? Check one. 34 Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories Z No Yes Who has an interest in the property? Check one. Make. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? ☐ Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year⁻ Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another Check if this is community property (see instructions)

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Part 3: Describe Your Personal and Household Items

| Do you own or have any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|---|--|
| 5. Household goods and furnishings | |
| Examples: Major appliances, furniture, linens, china, kitchenware | |
| □ No | |
| Yes. Describe Furniture, kitchenware | \$1,500.00 |
| Z. Electronics | |
| Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games | |
| □ No □ | |
| Yes. Describe Televisions, stereo, computer, printer, cell phones, games, tablets | \$1,500.00 |
| Collectibles of value | |
| Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No | |
| Yes. Describe | \$ |
| Equipment for sports and hobbies | Y |
| Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments | |
| □ No | |
| Yes. Describe bicycles | \$100.00 |
| 0. Firearms | |
| Examples: Pistols, rifles, shotguns, ammunition, and related equipment | |
| ☑ No ☐ Yes. Describe | |
| — 105. D0301D0 | \$ |
| 1. Clothes | |
| Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No | |
| Yes. Describe Everyday clothes, coats, and shoes | \$500.00 |
| 2. Jewelry | |
| Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver | |
| ☑ No ☐ Yes. Describe | \$ |
| 3. Non-farm animals | T |
| Examples: Dogs, cats, birds, horses | |
| ☑ No ☐ Yes. Describe | \$ |
| | Ψ |
| Any other personal and household items you did not already list, including any health aids you did not list | |
| ☑ No ☐ Yes. Give specific | |
| information | \$ |
| 5. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached | \$3,600.00 |
| for Part 3. Write that number here | 0,000.00 |

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| D- | | A. | |
|----|----|----|--|
| | ИK | | |
| | | | |

Describe Your Financial Assets

| Do you own or have a | ny legal or equitable interest in | any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|---|--|--|--|--|
| 16. Cash Examples: Money yo | ou have in your wallet, in your hon | ne, in a safe deposit box, and on hand when you fik | your petition | |
| 2 No | | | | |
| ☐ Yes | | | Cash: | \$ |
| 17. Deposits of money Examples: Checking and other | յ, savings, or other financial accou r similar institutions. If you have m | nts; certificates of deposit; shares in credit unions, ultiple accounts with the same institution, list each. | brokerage houses, | |
| ☑ Yes | | Institution name: | | |
| | 17.1. Checking account: | Chase | No Proceedings and the state of | \$ |
| | 17.2. Checking account: | | | \$ |
| | 17.3. Savings account: | | | \$ |
| | 17.4. Savings account: | | | \$ |
| | 17.5. Certificates of deposit: | | | \$ |
| | 17.6. Other financial account: | | ···· | \$ |
| | 17.7. Other financial account: | | MA | \$ |
| | 17.8. Other financial account: | | | \$ |
| | 17.9. Other financial account: | | | \$ |
| | is, or publicly traded stocks is, investment accounts with broke Institution or issuer name: | erage firms, money market accounts | | \$ |
| | | | | \$ |
| | A10070-1070-1070-1070-1070-1070-1070-107 | | | \$ |
| 19. Non-publicly traded an LLC, partnership ☑ No ☐ Yes. Give specific | o, and joint venture Name of entity: | ſ | of ownership: | |
| information about | | The transfer of the transfer o |)% % | \$ |
| | | C |)%% | \$ \$ |
| | | | ·= | * ************************************* |

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| 20 Government and corn | orate bonds and other negotiable and non-negotiable instruments | |
|---------------------------|---|----------|
| | include personal checks, cashiers' checks, promissory notes, and money orders. | |
| Non-negotiable instrum | ents are those you cannot transfer to someone by signing or delivering them. | |
| 2 No | | |
| Yes. Give specific | Issuer name: | |
| information about them | | \$ |
| GIQIII | | |
| | | \$ |
| | | Ψ |
| 21. Retirement or pension | accounts | |
| | RA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans | i e |
| No No | | |
| ☐ Yes. List each | | |
| account separately. | Type of account: Institution name: | |
| | 401(k) or similar plan: | \$ |
| | Pension plan: | \$ |
| | IDA. | |
| | | \$ |
| | Retirement account: | \$ |
| | Keogh: | \$ |
| | Additional account: | \$ |
| | Additional account: | \$ |
| | deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications | |
| ☑ No | | |
| ☐ Yes | Institution name or individual: | |
| | Electric: | \$ |
| | Gas: | \$ |
| | Heating oil: | \$ |
| | Security deposit on rental unit: | ¢ |
| | Prepaid rent: | \$ |
| | Telephone: | 5 |
| | Water | \$ |
| | Rented furniture: | \$ |
| | Other: | \$ |
| | | \$ |
| | | |
| | a periodic payment of money to you, either for life or for a number of years) | |
| ☑ No | | |
| Yes | Issuer name and description: | |
| | | \$ |
| | | \$ |
| | | \$ |

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| 26 U.S.C. §§ 530(b)(1), | on IRA, in an account in a qualified ABLE program 529A(b), and 529(b)(1). | , or under a qualified state tuition program. | |
|---|---|--|---|
| 🗹 No | | | |
| ☐ Yes | Institution name and description. Separately file | e the records of any interests.11 U.S.C. § 521 | (c): |
| | | | \$ |
| | | | \$ |
| | | | • |
| | | | Ψ |
| 25. Trusts, equitable or fu exercisable for your b | ture interests in property (other than anything liste enefit | d in line 1), and rights or powers | |
| 🗹 No | | | |
| ☐ Yes. Give specific | | | |
| information about th | em | | \$ |
| Examples: Internet dom | rademarks, trade secrets, and other intellectual pro nain names, websites, proceeds from royalties and licer | | |
| ☑ No | | | |
| Yes. Give specific information about the | em | | \$ |
| | | | |
| | and other general intangibles nits, exclusive licenses, cooperative association holdin | gs, liquor licenses, professional licenses | |
| No No | | | |
| Yes. Give specific information about the | em | | \$ |
| Money or property owed | to you? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax refunds owed to y | ou | | |
| ☑ No | | | |
| Yes. Give specific in | | Federal: | \$ |
| about them, ind you already file | cluding whether | State: | • |
| | ars | | \$ |
| | | Local: | Φ |
| 9. Family support | | | |
| | ump sum alimony, spousal support, child support, mair | ntenance, divorce settlement, property settlem | ent |
| Ø No | | | |
| Yes. Give specific ir | formation | Alimony: | ¢ |
| | | Maintenance: | \$ \$ |
| | | Support: | \$ |
| | | Divorce settlement: | \$ \$ |
| | | Property settlement: | \$ \$ |
| | | r roperty settlement. | ¥ |
| Social Secui | ne owes you es, disability insurance payments, disability benefits, sic ity benefits; unpaid loans you made to someone else | ck pay, vacation pay, workers' compensation, | |
| ☑ No | • | | |
| Yes. Give specific in | tormation | | \$ |

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| 31. | Interests in insurance policies Examples: Health, disability, or life insurance | ce; health savings account (H | SA); credit, homeow | rner's, or renter's insurance | |
|-----|---|-------------------------------|------------------------|---------------------------------------|--|
| | ☑ No | | | | |
| | Yes. Name the insurance company of each policy and list its value | Company name: | | Beneficiary: | Surrender or refund value: |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| 32. | Any interest in property that is due you of If you are the beneficiary of a living trust, exproperty because someone has died. No Yes. Give specific information | | | currently entitled to receive | |
| | res. Give specific information | | | | \$ |
| 33. | Claims against third parties, whether or Examples: Accidents, employment disputes No | | | i for payment | |
| | Yes. Describe each claim. | | | | \$ |
| 34. | Other contingent and unliquidated claim to set off claims | s of every nature, including | counterclaims of t | he debtor and rights | |
| | Yes. Describe each claim | | | | |
| | | | | | \$ |
| 35. | Any financial assets you did not already | list | | | |
| | ☑ No | | | | |
| | ☐ Yes. Give specific information | | | | \$ |
| | Add the dollar value of all of your entries for Part 4. Write that number here | | | | \$0.00 |
| Pa | rt 5: Describe Any Business-R | delated Property You (| Own or Have a | n Interest In. List any r | eal estate in Part 1. |
| | Do you own or have any legal or equitabl | e interest in any business-re | elated property? | | |
| | No. Go to Part 6. | | | | |
| | Yes. Go to line 38. | | | | |
| | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | Accounts receivable or commissions you No | already earned | | | · |
| | Yes. Describe | | | | |
| | | | | | \$ |
| | Office equipment, furnishings, and suppi Examples: Business-related computers, software, | | chines, rugs, telephon | es, desks, chairs, electronic devices | |
| | ☑ No | | | , , , , , , , , , , , , , , , , | |
| | Yes. Describe | | | | \$ |

| Debtor 1 | Case 16-37478 Doc 1 Filed 11/28/16 Entered 11/28/16 : Letitia Scott Document Page 19 Of Sumber (## | | |
|----------------------|---|------------------|--|
| ₩ No | ery, fixtures, equipment, supplies you use in business, and tools of your trade | | |
| ⊔ Yes | . Describe | | \$ |
| 41. Invento No Yes | Describe | | e |
| 42. Interest | s in partnerships or joint ventures | | Φ |
| ☑ No ☐ Yes | . Describe Name of entity: | % of ownership: | |
| | | % | \$ |
| | | % | \$ |
| | | % | \$ |
| Mo No | er lists, mailing lists, or other compilations Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A) |)? | |
| | □ No □ Yes. Describe | | |
| | | | \$ |
| ☑ No ☐ Yes. | Give specific mation | | \$ |
| 111101 | THERIORS | | \$ |
| | | | \$ \$ |
| | | | \$ |
| | | | \$ |
| | dollar value of all of your entries from Part 5, including any entries for pages you have atta 5. Write that number here | | \$ 0.00 |
| Part 6: | Describe Any Farm- and Commercial Fishing-Related Property You Own or Have If you own or have an interest in farmland, list it in Part 1. | e an Interest li | n. |
| ☑ No. 0 | own or have any legal or equitable interest in any farm- or commercial fishing-related prope Go to Part 7. Go to line 47. | erty? | |
| | | | Current value of the portion you own? Do not deduct secured claims |
| 47. Farm an | imals | | or exemptions. |
| | s: Livestock, poultry, farm-raised fish | | |
| No No | | | |
| ₩ Tes. | | | |
| | | | \$ |

| Debtor 1 | Letitic 3Set 16-37478 First Name Middle Name | Doc 1 | Filed 11/28/16 Document | Enteredas Page 20 o | 11/28/16.15:57:05 f 58 | Desc N | Main |
|-----------------------------------|---|---------------------------------|----------------------------|------------------------|------------------------------|----------------|------------|
| 8. Crops- | either growing or harvested | | | | | | |
| | Give specific mation | | | | | \$ | |
| 19. Farm an ⊠ No | nd fishing equipment, implemer | nts, machiner | y, fixtures, and tools | of trade | | | |
| | | | | | | \$ | |
| a Farm an | nd fishing supplies, chemicals, | and feed | | | | <u> </u> | |
| 2 No | to nothing outperior, enteresting | | | | | | |
| ☐ Yes | | | | | | \$ | |
| 51. Any far i | m- and commercial fishing-rela | ted property | you did not already li | st | | | |
| ☑ No | : Give specific | | | | | | |
| | rmation | | | | | \$ | |
| 52. Add the | e dollar value of all of your entr t 6. Write that number here | ies from Part | 6, including any entr | ies for pages y | ou have attached | \$ | 0.00 |
| IOI FAII | to, write that hambor horo | | | | | 1 | |
| Part 7: | Describe All Property | You Own o | r Have an Intere | st in That Y | ou Did Not List Abov | е | |
| Example No Yes | have other property of any kines: Season tickets, country club memb s. Give specific ormation | id you did not ership | already list? | | | \$ \$ \$ | |
| 54. Add th | e dollar value of all of your enti | ries from Part | 7. Write that number | here | | \$ | 0.00 |
| Part 8: | List the Totals of Each | Part of th | is Form | | | | 152,866.00 |
| 55. Part 1: | Total real estate, line 2 | | | | | → \$ | 132,000.00 |
| 56. Part 2: | Total vehicles, line 5 | | \$ | 0.00 | | | |
| 57. Part 3: | Total personal and household | items, line 15 | \$ | 3,600.00 | | | |
| 58. Part 4: | : Total financial assets, line 36 | | \$ | 0.00 | | | |
| 59. Part 5: | : Total business-related proper | ty, line 45 | \$ | 0.00 | | | |
| | : Total farm- and fishing-related | | e 52 \$ | 0.00 | | | |
| | : Total other property not listed | | +\$ | 0.00 | | | |
| | personal property. Add lines 56 | | \$ | 156,466.00 | Copy personal property total | → +\$ | 156,466.00 |
| | of all property on Schedule A/B | . Add line EE : | line 62 | | | \$ | 156,466.00 |
| 63. lotal (| or all property on achequie A/D | . Aud 1116 00 1 | ver | | | 1 | |

| | | 8 Doc 1 | Filed 11/28/: Document | 16 Entered 11/28/16 15:5 Page 21 of 58 | 7:05 Desc Main |
|--|--|--|--|--|--|
| Fill in this | nformation to identify y | our case: | | | |
| Debtor 1 | Letitia Scott | Middle Name | 1 224 \$1 | | |
| Debtor 2 | | wildle Name | Last Name | | |
| (Spouse, if filing | | Middle Name | Last Name | | |
| _ | Bankruptcy Court for the: N | lorthern District | of Illinois | | |
| Case numbe (If known) | | | *************************************** | | Check if this is a amended filing |
| ○ 46:-:-1 | E 1000 | | | | |
| | Form 106C | | | | |
| Sche | dule C: The | e Prop | erty You | Claim as Exemp | t 12/15 |
| pace is need our name ar | led, fill out and attach to t id case number (if known | this page as ma). | iny copies of Part 2: A | A/B) as your source, list the property that Additional Page as necessary. On the top amount of the exemption you claim. O | of any additional pages, write |
| f any applic etirement fu | able statutory limit. So inds—may be unlimited | me exemptions I in dollar amo: | s—such as those for unt. However, if you | I fair market value of the property beir r health aids, rights to receive certain claim an exemption of 100% of fair ma property is determined to exceed that | benefits, and tax-exempt arket value under a law that |
| mits the exc ould be lim | ited to the applicable st | tatutory amour | nt. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Part 1: | dentify the Property et of exemptions are yo | You Claim a | nt. ns Exempt heck one only, even it | f your spouse is filing with you. | |
| Part 1: 1 1. Which so | ited to the applicable so | You Claim a ou claiming? Cl deral nonbankru | ns Exempt heck one only, even is uptcy exemptions. 11 | f your spouse is filing with you. | |
| Part 1: I 1. Which so V You Vou | ited to the applicable soldentify the Property et of exemptions are your claiming state and federal exemptions are claiming federal exemptions. | You Claim a ou claiming? Cl deral nonbankru nptions. 11 U.S | heck one only, even in uptcy exemptions. 11 | f your spouse is filing with you. | |
| Part 1: 1. Which so You You 2. For any | ited to the applicable soldentify the Property et of exemptions are your claiming state and federal exemptions are claiming federal exemptions. | You Claim a ou claiming? Cl deral nonbankru nptions. 11 U.S hedule A/B that | heck one only, even in uptcy exemptions. 11 | f your spouse is filing with you. U.S.C. § 522(b)(3) | |
| Part 1: 1. Which so You You 2. For any | ited to the applicable solution in the property detection of the property are claiming state and fedure claiming federal exemproperty you list on Schescription of the property | You Claim a ou claiming? Cl deral nonbankru nptions. 11 U.S hedule A/B that cand line on Coerty | ns Exempt heck one only, even is uptcy exemptions. 11 .C. § 522(b)(2) t you claim as exem | f your spouse is filing with you. U.S.C. § 522(b)(3) pt, fill in the information below. | Specific laws that allow exemption |
| Part 1: 1. Which so You You 2. For any | ited to the applicable solution in the property detection of the property detection de | You Claim a ou claiming? Cl deral nonbankru nptions. 11 U.S hedule A/B that | t you claim as exempt Current value of the portion you own | f your spouse is filing with you. U.S.C. § 522(b)(3) pt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. | |
| Part 1: 1. Which so You You 2. For any Brief de Schedu | ited to the applicable soldentify the Property et of exemptions are your are claiming state and fed are claiming federal exemptoperty you list on Science in Eurniture Furniture | You Claim a ou claiming? Cl deral nonbankru nptions. 11 U.S hedule A/B that | t seempt theck one only, even in the property exemptions. 11 a.C. § 522(b)(2) t you claim as exemulating the property of the property of the property of the property of the second of the property of the second | f your spouse is filing with you. U.S.C. § 522(b)(3) pt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
| Part 1: 1. Which so You 2. For any Brief description Line from | ited to the applicable solutions are you are claiming state and fed are claiming federal exemptoperty you list on Scherciption of the property le A/B that lists this property on: Furniture Clothes | You Claim a ou claiming? Cl deral nonbankru nptions. 11 U.S hedule A/B that and line on () | t seempt theck one only, even in the property exemptions. 11 a.C. § 522(b)(2) t you claim as exemulating the property of the property of the property of the property of the second of the property of the second | f your spouse is filing with you. U.S.C. § 522(b)(3) pt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. 2 \$ 1,500.00 100% of fair market value, up to | Specific laws that allow exemption |
| Part 1: 1. Which so You You You Schedul Brief description Schedul Brief | ited to the applicable solution in the A/B: Clothes Clothes Clothes | You Claim a ou claiming? Cl deral nonbankru nptions. 11 U.S hedule A/B that and line on () | theck one only, even in uptcy exemptions. 11 .C. § 522(b)(2) t you claim as exemulation of the cortion you own Copy the value from Schedule A/B § 1,500.00 | f your spouse is filing with you. U.S.C. § 522(b)(3) pt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. 2 \$ 1,500.00 100% of fair market value, up to any applicable statutory limit | Specific laws that allow exemption 735-5/12-1001 |
| Part 1: 1. Which so You You You Schedul Brief description Line from Schedul Brief | ited to the applicable solution in the A/B: Clothes Clument for A/B: Clothes Clothes Clothes | v You Claim a vu claiming? Cl deral nonbankru nptions. 11 U.S hedule A/B that vand line on Co erty (| theck one only, even in uptcy exemptions. 11 .C. § 522(b)(2) t you claim as exemulation of the cortion you own Copy the value from Schedule A/B § 1,500.00 | f your spouse is filing with you. U.S.C. § 522(b)(3) pt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. 2 \$ 1,500.00 100% of fair market value, up to any applicable statutory limit 2 \$ 800.00 100% of fair market value, up to | Specific laws that allow exemption 735-5/12-1001 |
| Part 1: 1. Which so You You You Schedul Brief description Line from Schedul Schedul | ited to the applicable solution in the A/B: Clothes | v You Claim a vu claiming? Cl deral nonbankru nptions. 11 U.S hedule A/B that vand line on Co erty (| heck one only, even is uptcy exemptions. 11 C. § 522(b)(2) It you claim as exemulating the portion you own Copy the value from Schedule A/B § 1,500.00 | f your spouse is filing with you. U.S.C. § 522(b)(3) pt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. \$\int \frac{1}{2} \\$ \frac{1,500.00}{2} \] \$\int \frac{100\%}{2} \\$ \frac{800.00}{2} \] \$\int \frac{100\%}{2} \\$ \frac{800.00}{2} \] \$\int \frac{100\%}{2} \\$ \frac{1000\%}{2} \\$ \frac{1000\%}{2} \\$ \frac{1000\%}{2} \\$ \frac{1000\%}{2} \\$ \frac{1000\%}{2} \\$ \frac{1000\%}{2} \\$ 1000000000000000000000000000000000000 | Specific laws that allow exemption 735-5/12-1001 |

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No Yes

Letitia Scott

Last Name

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Part 2:

Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|---|--|--------------------------------------|--|--|
| | | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: | Electronics | \$1,500.00 | ☑ \$1,500.00 | 735-5/12-1001 |
| Line from Schedule A/B: | 7 | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | Real Estate | \$ <u>15,000.00</u> | ∡ \$ <u>15,000.00</u> | 735-5/12-901 |
| Line from Schedule A/B: | 1.1 | | ☐ 100% of fair market value, up to any applicable statutory limit | TO THE OWNER AND ADDRESS OF THE OWNER AND ADDR |
| Brief description: | and the same of th | \$ | | |
| Line from Schedule A/B: | *************************************** | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | <u> </u> | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | 20/0/2010/04/04/04/04/04/04/04/04/04/04/04/04/04 |
| Brief description: | | \$ | S | |
| Line from Schedule A/B: | AND AND PROPERTY OF THE PROPER | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | Q \$ | |
| Line from Schedule A/B: | Martine Commission | | ☐ 100% of fair market value, up to any applicable statutory limit | ANNOTATION DATE OF THE PROPERTY OF THE PROPERT |
| Brief description: | | \$ | _ \$ | |
| Line from Schedule A/B: | Montania mantania mantania | | ☐ 100% of fair market value, up to any applicable statutory limit | *************************************** |
| Brief description: | | \$ | <u>_</u> \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | · · · · · · · · · · · · · · · · · · · | \$ | | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | WOODAAA MAAAA AAAA AAAAA AAAAA AAAAA AAAAA AAAAA AAAA |
| Brief description: | | \$ | <u> </u> | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | s | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | \$ | |
| Line from Schedule A/B: | MATERIAL | | ☐ 100% of fair market value, up to any applicable statutory limit | *************************************** |

Case 16-37478 Doc 1 Filed 11/28/16 Entered 11/28/16 15:57:05 Desc Main Document Page 23 of 58 Fill in this information to identify your case: Letitia Scott Debtor 1 Debtor 2 (Spouse, if filing) First Name Middle Name United States Bankruptcy Court for the: Northern District of Illinois Case number Check if this is an (If known) amended filing Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: **List All Secured Claims** Column A Column R Column C 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately Amount of claim Value of collateral Unsecured for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. that supports this portion Do not deduct the As much as possible, list the claims in alphabetical order according to the creditor's name. claim value of collateral If any 137,997.03 152,866.00 Wells Fargo Describe the property that secures the claim: Creditor's Name Home that I live in P.O Box 14411 Number As of the date you file, the claim is: Check all that apply. **Des Moines** 50306 Unliquidated State ZIP Code ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only car loan) Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only Judgment lien from a lawsuit At least one of the debtors and another Other (including a right to offset) ☐ Check if this claim relates to a community debt Date debt was incurred 01/01/2012 Last 4 digits of account number 9 0 3 4 Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply Contingent ■ Unliquidated City State ZIP Code Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only Judgment lien from a lawsuit At least one of the debtors and another

Other (including a right to offset)

Last 4 digits of account number _

Check if this claim relates to a

community debt

Date debt was incurred _

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Document

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Letitia Scott

First Name Middle Name

| Additional Page Part 1: After listing any entries on this by 2.4, and so forth. | page, number them beginning with 2.3, followed | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|--|--|---|--|-----------------------------------|
| Creditor's Name | Describe the property that secures the claim: | \$ | \$ | \$ |
| Greditor 5 Name | | | | |
| Number Street | - | | | |
| AND THE PROPERTY CONTRACTOR OF THE PROPERTY CONT | - As of the date you file, the claim is: Check all that apply. | | | |
| | ☐ Contingent | | | |
| City State ZIP Code | Unliquidated | | | |
| | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| Check if this claim relates to a community debt | Other (including a right to offset) | - | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| | Describe the property that secures the claim: | e. | • | |
| Creditor's Name | beschibe the property that secures the claim: | 2 | \$\$ | ; |
| Number Street | • | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | Contingent | | | |
| | ☐ Unliquidated | | | |
| City State ZIP Code | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| | Describe the property that secures the claim: | \$ | \$\$ | - |
| Creditor's Name | | | | |
| Number Street | | | | |
| *************************************** | As of the date you file, the claim is: Check all that apply. | | | |
| | Contingent | | | |
| City State ZIP Code | Unliquidated Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| Check if this claim relates to a community debt | Other (including a right to offset) | | | |

Last 4 digits of account number _____

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Case number (# know

Desc Main

Debtor 1

Letitia Scott

First Name

Middle Name

Last Name

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | | | | | On which line in Part 1 did you enter the creditor? |
|----|--------|--|---|--|---|
| | Name | (Particular St. 1984) 1984 (1984) 1984 (1984) 1984 (1984) 1984 (1984) 1984 (1984) 1984 (1984) 1984 (1984) 1984 | *************************************** | | Last 4 digits of account number |
| | Number | Street | TOTAL CONTROL OF CO. C. | y - 1 - 10 - 10 - 10 - 10 - 10 - 10 - 10 | _ |
| | City | | State | ZIP Code | |
| | | | | | On which line in Part 1 did you enter the creditor? |
| | Name | | | *************************************** | Last 4 digits of account number |
| | Number | Street | | | |
| | City | | State | ZIP Code | - |
| | | | | | On which line in Part 1 did you enter the creditor? |
| | Name | - | | | Last 4 digits of account number |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | - - |
| | | | | | On which line in Part 1 did you enter the creditor? |
| L4 | Name | | | | Last 4 digits of account number 9 0 3 4 |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | - - |
| | | | | | On which line in Part 1 did you enter the creditor? |
| | Name | | | | Last 4 digits of account number |
| | Number | Street | | NAVA | - |
| | City | | State | ZIP Code | - |
| | | | | | On which line in Part 1 did you enter the creditor? |
| | Name | 44004444 | | | Last 4 digits of account number |
| | Number | Street | | | - |
| | City | | Stata | ZID Codo | <u>.</u> |

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|-----------------------------------|--|--|--|---|-------------------------------------|
| | 1 N. C. 5 | The Art of the Control of the Art | | | |
| De | ebtor 1 Letitia Scott First Name Middle Name | Last Name | | | |
| 3 - | ebtor 2 pouse, if filing) First Name Middle Name | Last Name | | | |
| Ur | nited States Bankruptcy Court for the: Northern Dist | rict of Illinois | | | |
| | ase number f known) | | | | eck if this is an ended filing |
| Of | fficial Form 106E/F | | | | |
| | chedule E/F: Creditors | Who Have U | nsecured Claims | | 12/15 |
| List A/B cred nee any | as complete and accurate as possible. Use I the other party to any executory contracts it Property (Official Form 106A/B) and on Sci ditors with partially secured claims that are leded, copy the Part you need, fill it out, number additional pages, write your name and case at 1: List All of Your PRIORITY Unsec | or unexpired leases that chedule G: Executory Contilisted in Schedule D: Creduer the entries in the boxes number (if known). | ould result in a claim. Also list execut racts and Unexpired Leases (Official Fr itors Who Have Claims Secured by Pro | ory contracts on Sorm 106G). Do not operty. If more sor | Schedule t include any ace is |
| | | | | | |
| 2. 1 | Do any creditors have priority unsecured claim No. Go to Part 2. Yes. List all of your priority unsecured claims. If each claim listed, identify what type of claim it is nonpriority amounts. As much as possible, list tunsecured claims, fill out the Continuation Page (For an explanation of each type of claim see the | a creditor has more than one s. If a claim has both priority he claims in alphabetical orc e of Part 1. If more than one | and nonpriority amounts, list that claim h ler according to the creditor's name. If yo creditor holds a particular claim, list the o | ere and show both | priority and |
| , | (For an explanation of each type of claim, see to | ne instructions for this form i | n the instruction bookiet.) Total cl | | Nonpriority |
| 2.1 | <u> </u> | | | amount | amount |
| لـــٰــا | Priority Creditor's Name | Last 4 digits of accou | nt number \$ | \$ | \$ |
| | Thomas of dame | When was the debt in | curred? | | |
| | Number Street | | | | |
| | | | , the claim is: Check all that apply. | | |
| | City State ZIP Code | — Contingent | | | |
| | Who incurred the debt? Check one. | UnliquidatedDisputed | | | |
| | Debtor 1 only | - Disputed | | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | Type of PRIORITY ur | | | |
| | At least one of the debtors and another | Domestic support ob | | | |
| | ☐ Check if this claim is for a community deb | | ner debts you owe the government | | |
| | • | Claims for death or p intoxicated | ersonal injury while you were | | |
| | Is the claim subject to offset? | | | | |
| | Yes | | | | |
| 2.2 | | | | | |
| L | Priority Creditor's Name | | nt number \$ | \$ | \$ |
| | | When was the debt inc | urred? | | |
| | Number Street | Ac of the data you file | the claim is: Check all that apply. | | |
| | | | не стант is. Спеск ал mat apply. | | |
| | City State ZIP Code | Contingent Unliquidated | | | |
| | Who incurred the debt? Check one. | Disputed | | | |
| | Debtor 1 only | - Diopatod | | | |
| | Debtor 2 only | Type of PRIORITY un | | | |
| | Debtor 1 and Debtor 2 only | Domestic support obl | | | |
| | At least one of the debtors and another | | er debts you owe the government | | |
| | ☐ Check if this claim is for a community debt | | ersonal injury white you were | | |
| | Is the claim subject to offset? | moxicated | | | |
| | □ No | one, openly | | | |

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Part 1: Your PRIORITY Unsecured Claims - Continuation Page

| | | amount | amount |
|---|---|----------|---------------|
| Priority Creditor's Name | Last 4 digits of account number | \$ \$ | \$ |
| Number Street | When was the debt incurred? | | |
| | As of the date you file, the claim is: Check all that apply. | | |
| | Contingent | | |
| City State ZIP Code | Unliquidated Disputed | | |
| Nho incurred the debt? Check one. | Diopated | | |
| Debtor 1 only | Type of PRIORITY unsecured claim: | | |
| Debtor 2 only | | | |
| Debtor 1 and Debtor 2 only | Domestic support obligations | | |
| At least one of the debtors and another | Taxes and certain other debts you owe the government Claims for death or personal injury while you were | | |
| Check if this claim is for a community debt | intoxicated Other. Specify | | |
| s the claim subject to offset? | | | |
| 3 No | | | |
| Yes | | | |
| | | | |
| riority Creditor's Name | Last 4 digits of account number | \$ \$ | . \$ <u> </u> |
| umber Street | When was the debt incurred? | | |
| | As of the date you file, the claim is: Check all that apply. | | |
| | ☐ Contingent | | |
| ity State ZIP Code | ☐ Unliquidated | | |
| | ☐ Disputed | | |
| Vho incurred the debt? Check one. | | | |
| Debtor 1 only | Type of PRIORITY unsecured claim: | | |
| Debtor 2 only | D 0 | | |
| Debtor 1 and Debtor 2 only | Domestic support obligations | | |
| At least one of the debtors and another | Taxes and certain other debts you owe the government | | |
| Check if this claim is for a community debt | ☐ Claims for death or personal injury while you were intoxicated ☐ Other. Specify | | |
| s the claim subject to offset? | Other. Specify | | |
| ☐ No | | | |
| 1 Yes | | | |
| | | | |
| | Last 4 digits of account number | \$ \$ | \$ |
| riority Creditor's Name | | | |
| umber Street | When was the debt incurred? | | |
| | As of the date you file, the claim is: Check all that apply. | | |
| | ☐ Contingent | | |
| ity State ZIP Code | ☐ Unliquidated | | |
| | ☐ Disputed | | |
| /ho incurred the debt? Check one. | | | |
| Debtor 1 only | Type of PRIORITY unsecured claim: | | |
| Debtor 2 only | | | |
| Debtor 1 and Debtor 2 only | Domestic support obligations | | |
| At least one of the debtors and another | Taxes and certain other debts you owe the government | | |
| Check if this claim is for a community debt | Claims for death or personal injury while you were intoxicated | | |
| the claim publicat to office 12 | Other Specify | | |
| s the claim subject to offset? | | | |
| T No. | | | |

| De | htor | 1 |
|----|------|---|

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Part 2:

List All of Your NONPRIORITY Unsecured Claims

| | Do any creditors have nonpriority unsecured claims No. You have nothing to report in this part. Submit to Yes | • , | |
|---------|---|---|--------------------|
| | nonpriority unsecured claim, list the creditor separately | alphabetical order of the creditor who holds each claim. If a creditor has a for each claim. For each claim listed, identify what type of claim it is. Do not listicular claim, list the other creditors in Part 3.If you have more than three non- | ist claims already |
| | | | Total claim |
| 4.1 | Carson Nonpriority Creditor's Name | Last 4 digits of account number 0 8 5 9 | 2,900.00 |
| | PO Box 182789 | When was the debt incurred? | |
| | Number Street Columbus, OH 43218 | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Who incurred the debt? Check one. | Unliquidated | |
| | Debtor 1 only Debtor 2 only | ☐ Disputed | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce | |
| | Is the claim subject to offset? | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | □ No □ Yes | Other Specify Credit card | |
| | Tes | | |
| 4.2 | Cook Law Magistrate | Last 4 digits of account number 3 7 2 9 | 4,767.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | 50 W Washington St RM 11001 | | |
| | Chicago, IL 60602 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP | Code Contingent | |
| | Who incurred the debt? Check one. | Unliquidated | |
| | Debtor 1 only | ☐ Disputed | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce | |
| | · | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | other. Specify Judgment/ Portfolio Recovery | |
| | Yes | Home depo | |
| 4.3 | Comed | Last 4 digits of account number 9 0 3 6 | |
| | Nonpriority Creditor's Name | When was the debt incurred? | 70.40 |
| | PO Box 6111 | When was the dept inclined? | |
| | Number Street Carol Stream, IL 60197 | | |
| | City State ZIP (| As of the date you file, the claim is: Check all that apply. | |
| | Who incurred the debt? Check one. | Contingent | |
| | ☑ Debtor 1 only | ☐ Unliquidated ☐ Disputed | |
| | Debtor 2 only | □ Disputeo | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce | |
| | Is the claim subject to offset? | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | ✓ No ☐ Yes | Other. Specify <u>Utility</u> | |

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Part 2:

Your NONPRIORITY Unsecured Claims - Continuation Page

| Afte | er listing any entries on this page, number them beginning w | ith 4.4, followed by 4.5, and so forth. | Total claim |
|------|--|--|---------------------|
| 4.4 | Convergent Outsourcing | Last 4 digits of account number 7 2 4 0 | \$ 294.00 |
| | Nonpriority Creditor's Name 800 SW 39th St | When was the debt incurred? | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Renton, WA 98057 City State ZIP Code | | |
| | State Zir Gode | Contingent Unitiquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other. Specify Comcast | |
| | ☐ Yes | | |
| .5 | EDO | Last 4 digits of account number 2 7 6 0 | s 185.00 |
| | ERC Nonpriority Creditor's Name | | \$ 100.00 |
| | PO Box 57547 | When was the debt incurred? | |
| | Number Street | _ | |
| | Jacksonville, FL 32241 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | Unliquidated | |
| | Debtor 1 only | ☐ Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | ☐ At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt | you did not report as priority claims | |
| | • | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other. Specify ATT | |
| | ☑ No □ Yes | | |
| آء | | | |
| .6 | I C System INC | Last 4 digits of account number 5 5 6 2 | _{\$185.00} |
| | Nonpriority Creditor's Name | the state of the s | |
| | PO Box 64378 | When was the debt incurred? | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Saint Paul, MN 55164 | | |
| | City State ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | ☐ Unliquidated ☐ Disputed | |
| | ☑ Debtor 1 only | Supplied Dispeted | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other. Specify ATT | |
| | ☑ No | | |
| | ☐ Yes | | |

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Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

| After listing any entries on this p | age, number them beginning wi | th 4.4, followed by 4.5, and so forth. | Total claim |
|---|-------------------------------|---|--------------------|
| 1.7 | | | |
| ─ [」] Macys | | Last 4 digits of account number 2 6 5 7 | \$ <u>311.00</u> |
| Nonpriority Creditor's Name PO Box 8218 | | When was the debt incurred? | |
| Number Street | | As of the date you file, the claim is: Check all that apply. | |
| Mason, OH 45040 | State ZIP Code | | |
| City | State ZIP Code | Contingent | |
| Who incurred the debt? Check | one. | ☐ Unliquidated ☐ Disputed | |
| ☑ Debtor 1 only | | □ bispated | |
| Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | ☐ Student loans | |
| At least one of the debtors and | i another | Obligations arising out of a separation agreement or divorce that | |
| ☐ Check if this claim is for a | community dobt | you did not report as priority claims | |
| | • | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | | Other Specify Charge | |
| ☑ No | | | |
| ☐ Yes | | | |
| | | | |
| 8 | | | |
| Midland Funding | | Last 4 digits of account number 6 3 4 7 | \$_5,054.00 |
| Nonpriority Creditor's Name | | | |
| 2365 Northside Dr #300 | • | When was the debt incurred? | |
| Number Street | | As of the date you file, the claim is: Check all that apply. | |
| San Diego, CA 92108 | | | |
| City | State ZIP Code | ✓ Contingent | |
| Who incurred the debt? Check | one | Unliquidated | |
| Debtor 1 only | | Disputed | |
| Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | |
| At least one of the debtors and | another | ☐ Student loans | |
| | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Check if this claim is for a | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | | Other Specify Citibank L.A | |
| ∡ No | | | |
| Yes | | | |
| | | | |
| 9 | | | s 524.00 |
| Synchrony Bank/ JcPen | ney | Last 4 digits of account number | Ψ |
| Nonpriority Creditor's Name | | Male of Arthur | |
| PO Box 965007 | | When was the debt incurred? | |
| Number Street | | As of the date you file, the claim is: Check all that apply. | |
| Orlando, FL 32896 | | | |
| City | State ZIP Code | Contingent | |
| Who incurred the debt? Check | one. | Unliquidated | |
| Debtor 1 only | | Disputed | |
| Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | |
| At least one of the debtors and | another | Student loans | |
| | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Check if this claim is for a | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | | Other. Specify ATT | |
| ☑ No | | | |
| □ vos | | | |

L@GB\$@5d66+37478

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Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

| Afte | er listing any entries on this page, number them beginning with | 4.4, followed by 4.5, and so forth. | Total claim |
|------|---|---|-------------|
| 5.0 | SYNCB/Walmart DC | Last 4 digits of account number 8 5 1 7 | s 796.00 |
| | Nonpriority Creditor's Name PO Box 965024 | When was the debt incurred? | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Orlando, FL 32896 City State ZIP Code | _ | |
| | Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No Yes | Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit card | |
| 5.1 | Target Nonpriority Creditor's Name | Last 4 digits of account number 8 9 8 2 | s 691.00 |
| | PO Box 673 | When was the debt incurred? | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Minneapolis, MN 55440 City State ZIP Code | ☑ Contingent | |
| | Who incurred the debt? Check one. Debtor 1 only | Unliquidated Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | Student loans | |
| | ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Is the claim subject to offset? No Yes | Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit card | |
| .2 | Victoria Secret | Last 4 digits of account number 1 5 9 6 | \$950.00 |
| | Nonpriority Creditor's Name PO Box 182273 | When was the debt incurred? | |
| | Number Street Columbus, OH 43218 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | ☑ Confingent | |
| | Who incurred the debt? Check one. | Unliquidated | |
| | Debtor 1 only | Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| | Check if this claim is for a community debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other. Specify <u>Credit account</u> | |
| | ☑ No □ Yes | | |

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First Name Middle Name Document Page 32 of 58

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

| Sears | Last 4 digits of account number 1 9 9 8 | |
|---|---|----|
| Nonpriority Creditor's Name | | \$ |
| PO Box 6282 | When was the debt incurred? | |
| Number Street Sioux Falls, SD 5717 | As of the date you file, the claim is: Check all that apply. | |
| | Code Contingent | |
| | ☐ Unliquidated | |
| Who incurred the debt? Check one. | Disputed | |
| Debtor 1 only | | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | ☐ Student loans | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| ☐ Check if this claim is for a community debt | you did not report as priority claims | |
| • | Debts to pension or profit-sharing plans, and other similar debts | |
| s the claim subject to offset? | Other Specify Credit account | |
| No No | | |
| Yes | | |
| | | |
| | Last 4 digits of account number | \$ |
| fonpriority Creditor's Name | When was the debt incurred? | |
| lumber Street | As of the date you file, the claim is: Check all that apply. | |
| ity State ZiP (| Code Contingent | |
| | ☐ Unliquidated | |
| Who incurred the debt? Check one. | Disputed | |
| Debtor 1 only | ' | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | Student loans | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a community debt | you did not report as priority claims | |
| • | Debts to pension or profit-sharing plans, and other similar debts | |
| s the claim subject to offset? | Other. Specify | |
| ⊇ No | | |
| Yes | | |
| | Last 4 digits of account number | \$ |
| Onpriority Creditor's Name | Last + digits of account number | |
| Supriority Ordanio Straine | When was the debt incurred? | |
| umber Street | As of the date you file, the claim is: Check all that apply. | |
| ity State ZIP C | Code Contingent | |
| | Unliquidated | |
| Vho incurred the debt? Check one. | Disputed | |
| Debtor 1 only | | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | ** | |
| At least one of the debtors and another | Student loans | |
| | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Check if this claim is for a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| s the claim subject to offset? | Other. Specify | |
| | | |

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Part 3:

List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Eastern Account System of Connecticut

On which entry in Part 1 or Part 2 did you list the original creditor?

Name

PO Box 837

Line 4.4 of (Check one): D Part 1: Creditors with Priority Lineagured Claims

| Line 4.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
|--|
| Part 2: Creditors with Nonpriority Unsecured Claims |
| Last 4 digits of account number 4 6 3 0 |
| |
| On which entry in Part 1 or Part 2 did you list the original creditor? |
| Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Part 2: Creditors with Nonpriority Unsecured |
| Claims |
| Last 4 digits of account number 8 7 0 8 |
| Last 4 digits of account national |
| On which entry in Part 1 or Part 2 did you list the original creditor? |
| Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Part 2: Creditors with Nonpriority Unsecured |
| Claims |
| Last 4 digits of account number 7 8 2 5 |
| |
| On which entry in Part 1 or Part 2 did you list the original creditor? |
| Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| ☐ Part 2: Creditors with Nonpriority Unsecured |
| Claims |
| Last 4 digits of account number |
| On which entry in Part 1 or Part 2 did you list the original creditor? |
| |
| Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Part 2: Creditors with Nonpriority Unsecured Claims |
| Ciantis |
| Last 4 digits of account number |
| On which entry in Part 1 or Part 2 did you list the original creditor? |
| |
| Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Part 2: Creditors with Nonpriority Unsecured Claims |
| Outro |
| Last 4 digits of account number |
| On which entry in Part 1 or Part 2 did you list the original creditor? |
| Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Part 2: Creditors with Nonpriority Unsecured |
| Claims Claims |
| I set 4 digits of account number |
| |

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Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | Total claim | |
|-----------------------------|---|-----|-------------|-----------|
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. | \$ | 0.00 |
| | 6b. Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | + \$ | 0.00 |
| | 6e. Total. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | Total claim | |
| Total claims | 6f. Student loans | 6f. | \$ | 0.00 |
| from Part 2 | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | + \$ | 16,727.40 |
| | 6j. Total. Add lines 6f through 6i. | 6j. | \$ | 16,727.40 |

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| | | | | | Document | Page | 235 of 58 | | |
|-----------------------------|--------------------------------------|--|---|---|--|---|--|--|---|
| Fill in | this in | nformation to ide | ntify your | case: | | | | | |
| Debtor | | Letitia Scott | | | | | | | |
| Debioi | | First Name | M | ddle Name | Last Name | | | | |
| Debtor: (Spouse | | First Name | Mi | ddle Name | Last Name | | | | |
| | - | Bankruptcy Court fo | | | | | | | |
| | | Dankrapicy Coalt IO | i aje. 1401tir | CITI DISEICE OF IN | 11013 | | | | |
| Case no (If know | | | | | Market and the second | | | | Check if this is an |
| | | | | 7 11 11 11 11 11 11 11 11 11 11 11 11 11 | | | J | | amended filing |
| | ···· | Form 1060 | | | | | | | |
| Sch | edı | ule G: Ex | ecut | ory Cor | tracts an | id Un | expired Lea | ases | 12/15 |
| information addition 1. Do | tion. I nai pag you h No. C | f more space is inges, write your name any executo heck this box and | needed, co ame and c ory contract ifile this for | ppy the addition ase number (in the country of the | nal page, fill it out, known). d leases? t with your other sci | , number ti hedules. Yo | both are equally response to the entries, and attach in the entries, and attach in the entries of the entries o | t to this page. On the page of | n the top of any |
| еха | ample, | rately each perso rent, vehicle lea l leases. | on or com ise, cell ph | pany with who ione). See the i | m you have the co nstructions for this f | entract or le | ease. Then state what instruction booklet for m | each contract or ore examples of e | lease is for (for executory contracts and |
| Per | rson o | r company with | whom you | have the cont | ract or lease | | State what the contra | ct or lease is for | |
| | | | | | | | | | |
| 2.1 | | | | | | | | | |
| Nar | me | | | | | | | | |
| Nur | mber | Street | | ****** | | | | | |
| <u>~</u> | | | ^ | 215 0 | | T | | | |
| City | , | | State | ZIP Code | | | | | |
| 2.2 Nan | ne | | | e Nanda e Nana | | | | | |
| Nun | mber | Street | · | | | *************************************** | | | |
| City | , | | State | ZIP Code | | ************************************** | | | |
| 2.3 | | | | | | | | | |
| Nan | ne | | | | | _ | | | |
| Alice | | <u> </u> | | | | | | | |
| Nun | nber | Street | | | | | | | |
| City | , | ************************************** | State | ZIP Code | | - | | | |
| 2.4 | | | | | | | | | |
| Nan | ne | teritori trans | | | | | | | |
| Nun | nber | Street | | | | | | | |
| City | , | | State | ZIP Code | | | | | |
| 2.5 | | | | | | | | | |
| Nan | ne | | w | | ~~~~ | | | | |

Number

Street

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Debtor 1

Letitia Scott

First Name

Middle Name

Last Name

Case number (# known)_

Additional Page if You Have More Contracts or Leases

Person or company with whom you have the contract or lease

What the contract or lease is for

| 2. <u>2</u> | | | | | | |
|-------------|--------|--------|---|---|---|---------------------------------------|
| | Name | | | | | |
| | Number | Street | | | | |
| | City | | State | ZIP Code | | ······ |
| 2 | | | | | | |
| | Name | | *************************************** | | | |
| | Number | Street | *************************************** | No. 40 (10 (10 (10 (10 (10 (10 (10 (10 (10 (1 | | |
| | City | | State | ZIP Code | | |
| 2 | | | | | | |
| | Name | | | | | ****** |
| | Number | Street | | | *************************************** | |
| | City | | State | ZIP Code | | |
| 2 | | | | | | |
| | Name | | | | | |
| | Number | Street | | | | |
| | City | | State | ZIP Code | | · · · · · · · · · · · · · · · · · · · |
| 2 | | | | | | |
| | Name | | | | <u> </u> | |
| | Number | Street | 4-2 | ************************************** | | · |
| | City | | State | ZIP Code | % | |
| 2 | | | | | | |
| | Name | | | | | |
| | Number | Street | | | | |
| | City | | State | ZIP Code | | |
| 2 | | | | | | |
| | Name | | | ····· | | |
| | Number | Street | -11377777777777777777777777777777777777 | | | |
| | City | | State | ZIP Code | | *** |
| 2 | | | | | | |
| | Name | | | | | |
| | Number | Street | | | | |
| | Cîtv | | State | ZIP Code | | |

| | Case 16-37478 | Doc 1 | Filed 11/28/16 | | Desc Main |
|---------------------|---|--|--|--|-----------------------------|
| Fill in | this information to identify your | case: | Document | Page 37 of 58 | |
| Debtor | 1 Letitia Scott | | | | |
| | First Name M | iddle Name | Last Name | | |
| Debtor: (Spouse, | | iddle Name | Last Name | | |
| United : | States Bankruptcy Court for the: North | ern District of | Illinois | | |
| Case nu | umber | | | | |
| (If know | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Offic | ial Form 106H | | | | |
| Sch | edule H: Your Co | odebto | rs | | 12/15 |
| Codebto | ors are people or entities who are | e also liable | for any debts you may l | have. Be as complete and accurate as pos | sible If two married neonla |
| 2. Witt Ariz | Yes whin the last 8 years, have you live tona, California, Idaho, Louisiana, No. Go to line 3. Yes. Did your spouse, former spour No | ed in a comm Nevada, New use, or legal e | nunity property state or Mexico, Puerto Rico, Te quivalent live with you at d you live? | r territory? (Community property states and exas, Washington, and Wisconsin.) | |
| | Number Street | | · · · · · · · · · · · · · · · · · · · | | |
| | City | State | 7IP (| Code | |
| a In C | · | | | | |
| sho Sch | wn in line 2 again as a codebtor | only if that packed only if the control of the cont | person is a guarantor of Official Form 106E/F), o | codebtor if your spouse is filing with your cosigner. Make sure you have listed the or Schedule G (Official Form 106G). Use So | creditor on |
| Co | olumn 1: Your codebtor | | | Column 2: The creditor to | whom you owe the debt |
| | | | | Check all schedules that a | oply: |
| 3.1 | | | | Schedule D, line | |
| Na | ame | | | Schedule E/F, line | |
| N | umber Street | | | Schedule G, line | |
| Či | ity | State | 7/17 | • Code | _ |
| 3.2 | .y | Jiale | Z.ir | Code | |
| | ame | *************************************** | -2-4 | Schedule D, line | · |
| | | | | Schedule E/F, line | |
| ***** | | | | C-b-dut- O the | |
| Ñi | umber Street | | | ☐ Schedule G, line | |
| Ni. | | State | ZIF | Code Schedule G, line | |
| | | State | ZJF | ^o Code | |
| 3.3 | | State | ZIF | | |

Case 16-37478

Doc 1

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☐ Schedule G, line _____

Debtor 1

Number

City

Street

State

Letitia Scott First Name

Middle Name

Last Name

| Column 1: Your codebtor | | | Column 2: The creditor to whom you owe the debt |
|-------------------------|---|--|--|
| 3 | | | Check all schedules that apply: |
| Name | | | Schedule D, line |
| | | | ☐ Schedule E/F, line |
| Number Street | | \$100 AA400 \$40 Halliania 1 a | Schedule G, line |
| City | State | ZIP Code | |
| Name | | | Schedule D, line |
| Hame | | | ☐ Schedule E/F, line |
| Number Street | | | Schedule G, line |
| Сату | State | ZIP Code | |
| **** | | | Schedule D, line |
| Name | | | Schedule E/F, line |
| Number Street | | | Schedule G, line |
| City | State | ZIP Code | _ |
| _ | | | |
| Name | | | Schedule D, line |
| | | | Schedule E/F, line |
| Number Street | | | Schedule G, line |
| City | State | ZIP Code | |
| Name | | 9 T 10 T 1 | Schedule D, line |
| | | | ☐ Schedule E/F, line |
| Number Street | *************************************** | | Schedule G, line |
| City | State | ZIP Code | onnece- |
| Name | | | Schedule D, line |
| | | | Schedule E/F, line |
| Number Street | M.M. | | Schedule G, line |
| City | State | ZIP Code | NAME OF THE PROPERTY OF THE PR |
| Name | | | Schedule D, line |
| | | | Schedule E/F, line |
| Number Street | | | Schedule G, line |
| City | State | ZIP Code | |
| Name | | | Schedule D, line |
| TOURTE | | | ☐ Schedule E/F, line |

ZIP Code

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| Fill in this information to identify | your case: | · · · · · | | | | |
|--|---|---|--------------------------------|---|--|---|
| Letitia Scott | | | | | | |
| Debtor 1 First Name | Middle Name | Last Name | | | | |
| Debtor 2 (Spouse, if filing) First Name | Middle Name | Last Name | | | | |
| United States Bankruptcy Court for the: | Northern District of Illino | s | | | | |
| Case number | | | | Check if | this is: | |
| (If known) | | | | An a | mended filing | |
| | | | | | oplement showing post- | |
| Official Form B 6I | | | | - | ter 13 income as of the | following date: |
| _ | | | | MM / L | DD / YYYY | |
| Schedule I: You | ir income | | | | | 12/13 |
| Be as complete and accurate as possible supplying correct information. If you figure separated and your spot separate sheet to this form. On the Part 1: Describe Employment | ou are married and not fil use is not filing with you, top of any additional pa | ling jointly, and you do not include in | our spouse is formation abo | living with | you, include information ouse. If more space is ne | n about your spouse. eeded. attach a |
| Fill in your employment information. | | Debtor 1 | | | Debtor 2 or non-fili | ing spouse |
| If you have more than one job, attach a separate page with information about additional employers. | Employment status | Employed Not employ | ved | | Employed Not employed | |
| Include part-time, seasonal, or self-employed work. | | (voc omplo) | , | | | |
| Occupation may Include student or homemaker, if it applies. | Occupation | | | · · · / · · · · · · · · · · · · · · · · | - AMBORIO III | |
| | Employer's name | Aramark Fa | acility Service | es | · · · · · · · · · · · · · · · · · · · | |
| | Employer's address | 1101 Marke Number Street | et Street | | Number Street | |
| | | Philadelphia | a, PA 60 | 164 Code | City | State ZIP Code |
| | How long employed the | • | - | | | |
| Part 2: Give Details About | Monthly Income | | | | | |
| Estimate monthly income as of spouse unless you are separated If you or your non-filing spouse ha | | - | • | • | · | , |
| below. If you need more space, at | tach a separate sheet to the | nis form. | | | · | |
| | | | For | Debtor 1 | For Debtor 2 or non-filing spouse | |
| List monthly gross wages, sale deductions). If not paid monthly, | | | 2. <u>\$_2</u> | ,738.86 | \$ | |
| 3. Estimate and list monthly over | time pay. | | 3. +\$ | 0.00 | + \$ | |
| 4. Calculate gross income. Add lii | ne 2 + line 3. | | 4. \$_2 | .738.86 | \$ | |

Case 16-37478 Doc 1 Filed 11/28/16 Entered 11/28/16 15:57:05 Desc Main Document Page 40 of 58 Letitia Scott Debtor 1 Case number (if known) First Name Middle Name Last Name For Debtor 1 For Debtor 2 or non-filing spouse \$ 2,738.86 Copy line 4 here 5. List all payroll deductions: 639.42 5a. Tax, Medicare, and Social Security deductions 5a. 0.005b. Mandatory contributions for retirement plans 5b. 0.00 5c. Voluntary contributions for retirement plans 5c. 0.00 5d. Required repayments of retirement fund loans 5d. 0.00 5e. Insurance 5e 5f. Domestic support obligations 0.00 51. 0.00 5g. Union dues 5g. 5h. Other deductions. Specify: 0.00 5h. 639.42 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h. 6. 2,099.44 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 0.00 monthly net income. 8a. 8b. Interest and dividends 0.008b 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce 0.00 settlement, and property settlement. 8c. 0.00 8d. Unemployment compensation 8d. 8e. Social Security 0.00 8e. 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental 0.00 Nutrition Assistance Program) or housing subsidies. Specify: 8f. 0.008g. Pension or retirement income 8g. 8h. Other monthly income. Specify: Foster care subsidy 200.00 8h. 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 200.00 9. 10. Calculate monthly income. Add line 7 + line 9. 2,299.44 2,299,44 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 0.00 Specify: 11. + \$ 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 2,299.44 Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12 Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form?

Yes. Explain:

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| Fill in this information to identify your case: | | | |
|---|---|---|----------------------------------|
| Debtor 1 Letitia Scott | Check if the | aia ia. | |
| First Name Middle Name Last Name Debtor 2 | | | |
| (Spouse, if filing) First Name Middle Name Last Name | | ended filing | t natition about a 40 |
| United States Bankruptcy Court for the: Northern District of Illinois | | ses as of the following | t-petition chapter 13 g date: |
| Case number (ff known) | MM / D | D / YYYY | |
| Official Form B 6J | | arate filing for Debtor ins a separate house | 2 because Debtor 2 ehold |
| Schedule J: Your Expenses | | | 12/13 |
| Be as complete and accurate as possible. If two married people are information. If more space is needed, attach another sheet to this for (if known). Answer every question. Part 1: Describe Your Household | filing together, both are equally orm. On the top of any additional | responsible for suppl pages, write your nar | ying correct |
| 1. Is this a joint case? | | | |
| No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No Yes. Debtor 2 must file a separate Schedule J. 2. Do you have dependents? Do not list Debtor 1 and Yes. Fill out this information for | Dependent's relationship to Or Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
| Debtor 2. each dependent | | | Π _{No} |
| Do not state the dependents' names. | Foster daughter | 11 | ✓ Yes |
| | Foster son | 13 | Ď№ |
| | | | ✓ Yes |
| | *************************************** | | L No |
| | | | Yes |
| | 90/414 (19.11 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1. | | ∐ No ☐ Yes |
| | | | No |
| | | ************************************** | Yes |
| 3. Do your expenses include expenses of people other than yourself and your dependents? | | | |
| Part 2: Estimate Your Ongoing Monthly Expenses | | | |
| Estimate your expenses as of your bankruptcy filing date unless you | u are using this form as a supple | ment in a Chanter 13 | case to report |
| expenses as of a date after the bankruptcy is filed. If this is a supple applicable date. | | | • |
| Include expenses paid for with non-cash government assistance if y | ou know the value | | |
| of such assistance and have included it on Schedule I: Your Income | | Your expe | enses |
| 4. The rental or home ownership expenses for your residence. Incluany rent for the ground or lot. | ide first mortgage payments and | 4. \$ | 1,099.03 |
| If not included in line 4: | | | 0.00 |
| 4a. Real estate taxes | | 4a. \$ | 0.00 |
| 4b. Property, homeowner's, or renter's insurance | | 4b. \$ | 0.00 |
| 4c. Home maintenance, repair, and upkeep expenses | | 4c. \$ | 50.00 |
| 4d Marganyman's approjetion or condeminium dues | | 4.4 | 0.00 |

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Debtor 1

Letitia Scott

First Name Middle Name Last Name Case number (if known)

Your expenses 0.00 5. Additional mortgage payments for your residence, such as home equity loans 5 6. Utilities: Electricity, heat, natural gas 6a. 300.00 6b. Water, sewer, garbage collection 6b. 50.00 Telephone, cell phone, Internet, satellite, and cable services .309.00 6c Other. Specify: _ 0.00 6d 7. Food and housekeeping supplies 400.00 Childcare and children's education costs 8. 0.00 Clothing, laundry, and dry cleaning 9. 9. 100 00 Personal care products and services 10. \$_____200.00_ 10. Medical and dental expenses 11. 80.00 12. Transportation. Include gas, maintenance, bus or train fare. 200.00 Do not include car payments. 12. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 150.00 13. Charitable contributions and religious donations 100.00 14 Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 63.00 15a 15b. Health insurance 0.00 15h 15c. Vehicle insurance 15c. 0.00 15d. Other insurance. Specify:___ 0.00 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 0.00 Specify: 16 17. installment or lease payments: 17a. Car payments for Vehicle 1 0.00 17a. 17b. Car payments for Vehicle 2 17b. 0.00 0.00 17c. Other, Specify:_ 17c. 0.00 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted 0.00 18. from your pay on line 5, Schedule I, Your Income (Official Form B 6I). Other payments you make to support others who do not live with you. 0.00 Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 0.00 20a. 20b. Real estate taxes 0.00 20b 20c. Property, homeowner's, or renter's insurance 0.00 20c. 20d. Maintenance, repair, and upkeep expenses 0.00 20d. 0.00 20e. Homeowner's association or condominium dues 20e

| | Case 16-37478 | Doc 1 | Filed 11/28/16 Document | Entered 11/28/16 15:5 Page 43 of 58 | 7:05 | Desc Main |
|------------------|---|-----------------|----------------------------|--|------|-----------|
| Debtor 1 | Letitia Scott | | | Case number (if known) | | |
| | First Name Middle Name | Last Name | | | | |
| 21. Oth e | er. Specify: | | | 21. | +\$ | 0.00 |
| | r monthly expenses. Add lines 4 result is your monthly expenses. | through 21. | | 22. | \$ | 3,101.03 |
| 3. Calcu | ulate your monthly net income. | | | | | |
| 23a. | Copy line 12 (your combined mo. | nthly income) t | from Schedule I. | 23a. | \$ | 2,299.44 |
| 23b. | Copy your monthly expenses from | m line 22 abov | e . | 23b. | -\$ | 5,037.22 |
| 23c. | Subtract your monthly expenses The result is your monthly net inc | | othly income. | 23c . | \$ | -1,497.77 |
| 4. Do yo | ou expect an increase or decrea | se in your ex | penses within the yea | r after you file this form? | | |

| 24. | Do you expect an increase or decrease in your expenses within the year after you file this form? |
|-----|---|
| | For example, do you expect to finish paying for your car loan within the year or do you expect your |
| | mortgage payment to increase or decrease because of a modification to the terms of your mortgage? |

✓ No.

Yes. Explain here:

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Document Page 44 of 58 Fill in this information to identify your case: Letitia Scott Debtor 1 Middle Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois Case number Check if this is an amended filing Official Form 106Dec **Declaration About an Individual Debtor's Schedules** 12/15 If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? M No Yes. Name of person_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. × Signature of Debtor 1 Signature of Debtor 2

Date MM / DD / YYYY

Date // 23 20/6

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| Debtor 1 | | | | | | |
|----------------------|--|---|--|--|--|--|
| | Letitia Scott | | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | | |
| | f filing) First Name | Middle Name | Last Name | | | |
| United S | tates Bankruptcy Court for t | he: Northern District of | of Illinois | | | |
| Case nu (If known | | | | | (| Check if this is an |
| | | | | | | amended filing |
| | | | | | | |
| Offici | al Form 107 | | | | | |
| State | ement of Fin | ancial Affa | irs for Indiv | riduals Filing | for Bankruptcy | V 12/15 |
| | | | | | | |
| se as co nformati | mpiete and accurate a on. If more space is n | s possible. It two ma eeded, attach a sepa | rried people are filin trate sheet to this for | g togetner, both are equa m. On the top of any add | ally responsible for supplyi ditional pages, write your n | ing correct ame and case |
| | if known). Answer eve | | | • | , - , , | |
| Donat d | Cive Details Ab- | | and Miles and Miles | | | |
| Part 1 | Give Details Abo | ut Your Marital St | atus and Where Y | ou Lived Before | | |
| 1. Wha | t is your current marita | al status? | | | | |
| | | | | | | |
| | Married | | | | | |
| | Married Not married | | | | | |
| | | | | | | |
| 2. Duri | Not married | ve you lived anywher | re other than where y | rou live now? | | |
| 2. Duri | Not married ing the last 3 years, hav | | _ | | | |
| 2. Duri | Not married ng the last 3 years, hav No Yes. List all of the places | | Byears. Do not include | e where you live now. | | |
| 2. Duri | Not married ing the last 3 years, hav | | _ | | | Dates Debtor 2 lived there |
| 2. Duri | Not married ng the last 3 years, hav No Yes. List all of the places | | 3 years. Do not include Dates Debtor 1 | e where you live now. Debtor 2: | | lived there |
| 2. Duri | Not married ng the last 3 years, hav No Yes. List all of the places | | 3 years. Do not include Dates Debtor 1 | e where you live now. | | |
| 2. Duri | Not married ng the last 3 years, have No Yes. List all of the places Debtor 1: | | 3 years. Do not include Dates Debtor 1 | Debtor 2: | | lived there |
| 2. Duri | Not married ng the last 3 years, hav No Yes. List all of the places | | B years. Do not include Dates Debtor 1 lived there | e where you live now. Debtor 2: | | lived there Same as Debtor 1 |
| 2. Duri | Not married ng the last 3 years, have No Yes. List all of the places Debtor 1: | | Dates Debtor 1 lived there From | Debtor 2: | | Same as Debtor 1 |
| 2. Duri | Not married Ing the last 3 years, have No Yes. List all of the places Debtor 1: Number Street | s you lived in the last 3 | Dates Debtor 1 lived there From | Debtor 2: Same as Debtor 1 Number Street | State 7IB Code | Same as Debtor 1 |
| 2. Duri | Not married ng the last 3 years, have No Yes. List all of the places Debtor 1: | | Dates Debtor 1 lived there From | Debtor 2: Same as Debtor 1 Number Street | State ZIP Code | Iived there Same as Debtor 1 From To |
| 2. Duri | Not married Ing the last 3 years, have No Yes. List all of the places Debtor 1: Number Street | s you lived in the last 3 | Dates Debtor 1 lived there From | Debtor 2: Same as Debtor 1 Number Street | State ZIP Code | Same as Debtor 1 |
| 2. Duri | Not married Ing the last 3 years, have No Yes. List all of the places Debtor 1: Number Street City | s you lived in the last 3 | Dates Debtor 1 lived there From | Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1 | State ZIP Code | Iived there Same as Debtor 1 From To |
| 2. Duri | Not married Ing the last 3 years, have No Yes. List all of the places Debtor 1: Number Street | s you lived in the last 3 | Dates Debtor 1 lived there From To | Debtor 2: Same as Debtor 1 Number Street | State ZIP Code | Same as Debtor 1 From To Same as Debtor 1 |
| 2. Duri | Not married Ing the last 3 years, have No Yes. List all of the places Debtor 1: Number Street City | s you lived in the last 3 | Dates Debtor 1 lived there From To | Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1 | State ZIP Code | Iived there Same as Debtor 1 From To Same as Debtor 1 From |
| 2. Duri | Not married Ing the last 3 years, have No Yes. List all of the places Debtor 1: Number Street City | s you lived in the last 3 | Dates Debtor 1 lived there From To | Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1 | State ZIP Code | Iived there Same as Debtor 1 From To Same as Debtor 1 From |

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Case number (if known)

Letitia Scott

(January 1 to December 31,

Debtor 1

First Name Middle Name 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No Yes, Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) Wages, commissions, ■ Wages, commissions, From January 1 of current year until 23,442.05 bonuses, tips bonuses, tips the date you filed for bankruptcy: Operating a business Operating a business ■ Wages, commissions, ■ Wages, commissions, For last calendar year: bonuses, tips bonuses, tips (January 1 to December 31, Operating a business Operating a business Wages, commissions, Wages, commissions, For the calendar year before that: bonuses, tips bonuses, tips (January 1 to December 31, Operating a business Operating a business 5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. M No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income Gross income from Describe below each source each source Describe below. (before deductions and (before deductions and exclusions) exclusions) From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, For the calendar year before that:

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Debtor 1

| Letitia Sc | | | Case number (if known) |
|------------|-------------|------------|---|
| Eiret Name | Middle Name | Lort Morno | * ************************************* |

| Dart 3. | f ict | Cartain | Daymanta | Var | 88. |
|---------|-------|---------|----------|-----|-----|

List Certain Payments You Made Before You Filed for Bankruptcy

| U No. Ne "in | either Debtor 1 no | r Debtor : dual prima | 2 has primarily arily for a persor | consumer de | bts. Cons | numer debts are purpose." | defined | f in 11 U.S.C. § 101 | (8) as |
|-----------------|--------------------------------------|---|---------------------------------------|---|-----------------------|---------------------------|---------------|------------------------------|---|
| | uring the 90 days be | • | - | • | | • • | 5,225* | or more? | |
| | No. Go to line 7. | | | | | | | | |
| | Yes. List below ea | ach credit | or to whom you | paid a total of | \$6 225* o | r more in one or | more r | navments and the | |
| - | totai amount | you paid | that creditor. De | o not include p | ayments f | | oort ob | ligations, such as | |
| * 5 | Subject to adjustme | nt on 4/01 | 1/16 and every | 3 years after th | at for case | es filed on or afte | er the d | ate of adjustment. | |
| Yes. De | ebtor 1 or Debtor 2 | or both | have primarily | consumer de | bts. | | | | |
| | ring the 90 days be | | | | | ditor a total of \$6 | 600 or i | more? | |
| | No. Go to line 7. | | | | | | | | |
| П | Voc Liet holow or | ach aradit | arta wham vav | naid a tatal af | የ ድባበ ~~ ~ | ara and the tete | 1 | -4 | |
| · | Yes. List below ea creditor. Do i | not includ | e payments for | domestic supp | ort obliga | tions, such as ch | ild sup | nt you paid that port and | |
| | alimony. Also | , do not i | include paymen | ts to an attorne | y for this | bankruptcy case | | • | |
| | | | | Dates of payment | Total a | nount paid | Amo | unt you still owe | Was this payment for. |
| | Wells Fargo | | | | e | 1,099.03 | atr. | 137,997.03 | ,# |
| | Creditor's Name | | | | \$ | 1,000.00 | \$ | 107,007.00 | Mortgage |
| | P.O Box 144 | 11 | | | | | | | Car |
| | Number Street | *************************************** | | | | | | | Credit card |
| | | | | | | | | | Loan repayment |
| | Des Moines | IA | 50306 | | | | | | Suppliers or vendor |
| | City | State | ZIP Code | | | | | | ☐ Other |
| | | | | | | | | | |
| | | | | | \$ | | \$ | | ☐ Mortgage |
| | Creditor's Name | *************************************** | | | | | * *********** | | Car |
| | | | | | | | | | ☐ Credit card |
| | | | | | | | | | |
| | Number Street | | | *************************************** | | | | | |
| | Number Street | | | | | | | | Loan repayment |
| | Number Street | | | | | | | | Loan repayment Suppliers or vendor |
| | Number Street | State | ZIP Code | | | | | | Loan repayment Suppliers or vendor |
| | | State | ZIP Code | | | | | | Loan repayment Suppliers or vendor |
| | | State | ZIP Code | NAME OF THE PARTY | \$ | | \$ | | Loan repayment Suppliers or vendor Other |
| | | State | ZIP Code | | \$ | | \$ | | Loan repayment Suppliers or vendor Other Mortgage |
| | City Creditor's Name | State | ZIP Code | | \$ | | \$ | | Loan repayment Suppliers or vendor Other Mortgage Car |
| | City | State | ZIP Code | | \$ | | \$ | | Loan repayment Suppliers or vendor Other Mortgage Car Credit card |
| | City Creditor's Name | State | ZIP Code | | \$ | | \$ | | Loan repayment Suppliers or vendor Other Mortgage Car Credit card Loan repayment |
| | City Creditor's Name | State | ZIP Code | | \$ | | \$ | | Loan repayment Suppliers or vendor Other Mortgage Car Credit card |

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Debtor 1

7.

8.

City

ZIP Code

State

| or 1 | Letitia Scott First Name Middle Name Last Name | | _ | Case number (#known) | |
|------------------------|---|--|--|--|--|
| corpo agent such | in 1 year before you filed for bankruptcy, did ers include your relatives; any general partners; erations of which you are an officer, director, per t, including one for a business you operate as a as child support and alimony. | relatives of any son in control, o | general partners; properties of 20% or | partnerships of whice more of their voting | h you are a general partner; securities; and any managing |
| Ø N | o es. List all payments to an insider. | | | | |
| — 11 | es. List all payments to an insider. | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| | Insider's Name | *************************************** | \$ | \$ | |
| į | Number Street | | | | |
| ; | City State ZIP Code | _ | | | |
| j | Insider's Name | | \$ | \$ | |
| | Number Street | | | | |
| ì | City State ZIP Code | - | | | |
| an ins | | | ayments or trans | fer any property o | n account of a debt that benefited |
| U Y€ | es. List all payments that benefited an insider. | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
| Ī | insider's Name | | \$ | . \$ | |
| Ĩ | Number Street | | | | |
| - | City State ZIP Code | - | | | |
| ī | nsider's Name | | \$ | . \$ | |
| Ĩ | Number Street | THE THE TAXABLE PARTY OF TAXABLE PARTY O | | | |
| - | *************************************** | - | | | |

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Letitia Scott Debtor 1 Case number (if known) First Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. M No Yes. Fill in the details. Nature of the case Court or agency Status of the case Pending Case title Court Name On appeal Concluded Number Street Case number _ City ZIP Code State Pending Case title Court Name On appeal Concluded Number Street Case number City State ZiP Code 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. ☐ Yes. Fill in the information below. Describe the property Date Value of the property Creditor's Name Number Street Explain what happened Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, or levied. City State ZIP Code Describe the property Date Value of the property Creditor's Name

Explain what happened

ZIP Code

Property was repossessed.Property was foreclosed.Property was garnished.

Property was attached, seized, or levied.

Number

Street

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Case number (# known)____

Letitia Scott

Person's relationship to you ___

Middle Name

Last Name

Debtor 1

| ounts or refuse to make a payment bed | | | |
|--|---|--|-------------|
| No | | | |
| Yes. Fill in the details. | | | |
| | Describe the action the creditor took | Date action | Amount |
| Creditor's Name | _ | was taken | |
| | | | _ |
| Number Street | - | | \$ |
| | _ | | |
| City State ZIP Code | Last 4 digits of account number: XXXX | | |
| | | | |
| | tcy, was any of your property in the possession of | f an assignee for the benef | it of |
| fitors, a court-appointed receiver, a cu | stodian, or another official? | | |
| No Year | | | |
| Yes | | | |
| List Certain Gifts and Contribu | itions | | |
| | | | |
| | | | |
| in 2 years before you filed for bankrup | otcy, did you give any gifts with a total value of mo | ore than \$600 per person? | |
| iin 2 years before you filed for bankrup | otcy, did you give any gifts with a total value of mo | ore than \$600 per person? | |
| | otcy, did you give any gifts with a total value of mo | ore than \$600 per person? | |
| No | | | |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 | otcy, did you give any gifts with a total value of mo | ore than \$600 per person? Dates you gave the gifts | Value |
| No Yes. Fill in the details for each gift. | | Dates you gave | Value |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 | | Dates you gave | |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 | | Dates you gave | Value \$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | | Dates you gave | |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | | Dates you gave | \$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | | Dates you gave | \$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | | Dates you gave | \$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | | Dates you gave | \$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | | Dates you gave | \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street | | Dates you gave | \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 | | Dates you gave the gifts | \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you | Describe the gifts | Dates you gave the gifts | \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 | Describe the gifts | Dates you gave the gifts | \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | \$ |

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Debtor 1

| ebtor 1 | Letitia Scott First Name Middle Name La | Case number (# known)_ | V-C | |
|---------|--|--|---|---------------------------|
| | | | | |
| | | uptcy, did you give any gifts or contributions with a total valu | e of more than \$6 | 00 to any charity? |
| | No /es. Fill in the details for each gift or co | ntribution. | | |
| | Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Date you contributed | Value |
| ā | Charity's Name | _ | | \$ |
| - | · POTENTIAL AND | _ | | \$ |
| Ñ | lumber Street | _ | | |
| č | ity State ZIP Code | _ | | |
| Part 6: | List Certain Losses | | | |
| | No Yes. Fill in the details. Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| | | | | \$ |
| | | otcy, did you or anyone else acting on your behalf pay or trar | nsfer any property | to anyone |
| Inclu | de any attorneys, bankruptcy petition p | reparers, or credit counseling agencies for services required in yo | our bankruptcy. | |
| Z N | lo 'es. Fill in the details. | | | |
| | Person Who Was Paid | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | Number Street | | *************************************** | \$ |
| - | *************************************** | | *************************************** | \$ |
| ; | City State ZIP Code | | | |
| ! | Email or website address | | | |
| î | Person Who Made the Payment, if Not You | | | |

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| Debtor 1 | Letitia Scott First Name Middle Name Last | Name | Case number (# known) | | |
|----------------------|---|--|--|-----------------------------------|---------------------------|
| | | | | | |
| | | Description and value of any property t | ransferred | Date payment or transfer was made | Amount of payment |
| | Person Who Was Paid | | | | \$ |
| | Number Street | | | | |
| | 444-4 | | | | \$ |
| | City State ZIP Code | | | | |
| | Ernail or website address | | | | |
| | Person Who Made the Payment, if Not You | | | | |
| pro Do : | hin 1 year before you filed for bankrupt mised to help you deal with your credit not include any payment or transfer that y No Yes. Fill in the details. | tors or to make payments to your cred | our benair pay or trans litors? | ter any property t | o anyone who |
| | res. i m m tre uctans. | Description and value of any property to | ansferred | Date payment or | Amount of paymen |
| | Person Who Was Paid | | | transfer was made | |
| | | | | | ¢ |
| | Number Street | | | | φ |
| | City State ZIP Code | | | | \$ |
| tran Inck Do r | nin 2 years before you filed for bankrup isferred in the ordinary course of your ude both outright transfers and transfers n not include gifts and transfers that you have | business or financial affairs? nade as security (such as the granting o | | | |
| | | Description and value of property transferred | Describe any property or debts paid in exchang | | Date transfer was made |
| | Person Who Received Transfer | | | | |
| | Number Street | | | | LW-1 |
| | City State ZIP Code | | | | |
| | Person's relationship to you | | | | |
| | Person Who Received Transfer | | | | |
| | Number Street | | | | |
| | Ch. Aber 755 Co. | | | | |

Person's relationship to you _____

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Debtor 1

City

State ZIP Code

| btor 1 | Letitia Scott First Name Middle Name | Last Na | ame . | Case number (# kn | OWn) | |
|----------------|--|--|---|---|--|--|
| are a | beneficiary? (These are | | tcy, did you transfer any proper set-protection devices.) | ty to a self-settled tru: | st or similar device of v | vhich you |
| | | | Description and value of the prope | erty transferred | | Date transfer was made |
| N | lame of trust | | | | | 1976 |
| close Inclu | in 1 year before you filed ed, sold, moved, or trans de checking, savings, m erage houses, pension fu | for bankruptc ferred? oney market, o | Instruments, Safe Deposit y, were any financial accounts or or other financial accounts; cert lives, associations, and other fin | or instruments held in | your name, or for your | , |
| | es. Fill in the details. | | l and d dimits of an arms arms. | - | D. d | |
| | | | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| į | Name of Financial Institution | | xxxx | Checking | ************************************** | \$ |
| | Number Street | | | Savings Money market | | |
| ī | City State | ZIP Code | | Brokerage Other | | |
| ì | Name of Financial Institution | · · · · · · · · · · · · · · · · · · · | xxxx | Checking | <u> </u> | \$ |
| ī | Number Street | | | Savings Money market | | |
| - | | | | ☐ Brokerage | | |
| i | City State | ZIP Code | | Other | | |
| secui M N | rities, cash, or other valu | | ear before you filed for bankrup Who else had access to it? | tcy, any safe deposit i | | Do you stil have it? |
| Ĩ | Name of Financial Institution | · · · · · · · · · · · · · · · · · · · | Name | TOTAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE | | ☐ No ☐ Yes |
| ī - | Number Street | | Number Street | | | |
| | | | City State ZIP Code | | | |

Case 16-37478 Doc 1 Filed 11/28/16 Entered 11/28/16 15:57:05 Desc Main Page 54 of 58 Document Letitia Scott Debtor 1 Case number (If known) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Z No Yes. Fill in the details. Who else has or had access to it? Describe the contents Do you still have it? No No Name of Storage Facility Name Yes Number Street Number Street City State ZIP Code City ZIP Code Part 9: **Identify Property You Hold or Control for Someone Else** 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. ₩ No Yes. Fill in the details. Where is the property? Describe the property Value Owner's Name Number Street Number Street City ZIP Code City State ZIP Code Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice

Governmental unit

Number Street

State ZIP Code

City

Name of site

City

Number Street

State

ZIP Code

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Case number (# known)___

Letitia Scott

Debtor 1

City

State ZIP Code

| e you notified any governmer No | | | |
|--|--|--|--|
| No Yes. Fill in the details. | | | |
| res. I in in the details. | Governmental unit | Environmental law, if you know it | Date of notice |
| | | Environmental law, if you know it | Date of Hotel |
| Name of site | Governmental unit | | |
| | | | |
| Number Street | Number Street | | |
| | City State ZIP Code | | |
| City State 2 | ZIP Code | | |
| a vou hoon a narty in any judi | icial or administrative proceeding under an | v opvisopmontal laus kastude auttaman | 4a amil amil |
| No | icial or administrative proceeding under an | y environmental law r include settlemen | ts and orders. |
| Yes. Fill in the details. | | | |
| | Court or agency | Nature of the case | Status of the |
| Case title | | | |
| | Court Name | | Pending |
| | | | On appe |
| | 35 | | Conclud |
| | Number Street | | Conciud |
| | City State ZIP Coo | Business | |
| 1: Give Details About Noin 4 years before you filed foo A sole proprietor or self-er A member of a limited liab | City State ZIP Coordinate City State ZIP Coordinate Connections to Any or bankruptcy, did you own a business or himployed in a trade, profession, or other according company (LLC) or limited liability particles. | Business ave any of the following connections to tivity, either full-time or part-time | |
| 1: Give Details About Noin 4 years before you filed food A sole proprietor or self-eld A member of a limited liab A partner in a partnership | City State ZIP Coor Your Business or Connections to Any or bankruptcy, did you own a business or hat mployed in a trade, profession, or other act citizen business or hat the company (LLC) or limited liability parts | Business ave any of the following connections to tivity, either full-time or part-time | |
| 1: Give Details About Name of the proprietor of self-end of the proprietor of a limited liab of the partner in a partnership of the partner o | City State ZIP Coordinate Connections to Any or bankruptcy, did you own a business or himployed in a trade, profession, or other according company (LLC) or limited liability particularly company executive of a corporation | Business ave any of the following connections to a tivity, either full-time or part-time nership (LLP) | |
| Give Details About Name 4 years before you filed for A sole proprietor or self-er A member of a limited liab A partner in a partnership An officer, director, or man An owner of at least 5% of | City State ZIP Coordinate Connections to Any or bankruptcy, did you own a business or himployed in a trade, profession, or other actility company (LLC) or limited liability particular particular profession of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting of the voting or equity securities of a corporation of the voting of the | Business ave any of the following connections to a tivity, either full-time or part-time nership (LLP) | |
| 1: Give Details About Name 1 and 4 years before you filed for A sole proprietor or self-ell A member of a limited liable A partner in a partnership An officer, director, or main An owner of at least 5% of No. None of the above applies | City State ZIP Coordinate Connections to Any or bankruptcy, did you own a business or himployed in a trade, profession, or other according company (LLC) or limited liability particularly profession of the voting or equity securities of a corporate. Go to Part 12. | Business ave any of the following connections to a tivity, either full-time or part-time nership (LLP) | |
| 1: Give Details About Name 1 and 4 years before you filed for A sole proprietor or self-ell A member of a limited liable A partner in a partnership An officer, director, or main An owner of at least 5% of No. None of the above applies | City State ZIP Coordinate Connections to Any or bankruptcy, did you own a business or himployed in a trade, profession, or other actility company (LLC) or limited liability particular particular profession of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting of the voting or equity securities of a corporation of the voting of the | Business ave any of the following connections to tivity, either full-time or part-time nership (LLP) | any business? |
| 1: Give Details About Name 1 and 4 years before you filed for A sole proprietor or self-ell A member of a limited liable A partner in a partnership An officer, director, or main An owner of at least 5% of No. None of the above applies | City State ZIP Coordinate City State ZIP Coordinate Connections to Any or bankruptcy, did you own a business or himployed in a trade, profession, or other accility company (LLC) or limited liability particular programmes of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting of the v | Business ave any of the following connections to tivity, either full-time or part-time nership (LLP) | any business? |
| 1: Give Details About Name 1 and 4 years before you filed for A sole proprietor or self-ell A member of a limited liable A partner in a partnership An officer, director, or main An owner of at least 5% of No. None of the above applies yes. Check all that apply above | City State ZIP Coordinate City State ZIP Coordinate Connections to Any or bankruptcy, did you own a business or himployed in a trade, profession, or other accility company (LLC) or limited liability particular programmes of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting of the v | Business ave any of the following connections to a tivity, either full-time or part-time nership (LLP) ation iness. Employer Identification Do not include Social S | any business? number ecurity number or ITIN. |
| 1: Give Details About Name 1 and 4 years before you filed for A sole proprietor or self-ell A member of a limited liable A partner in a partnership An officer, director, or main An owner of at least 5% of No. None of the above applies yes. Check all that apply above | City State ZIP Coordinate City State ZIP Coordinate Connections to Any or bankruptcy, did you own a business or himployed in a trade, profession, or other accility company (LLC) or limited liability particular programmes of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting of the v | Business ave any of the following connections to a tivity, either full-time or part-time mership (LLP) ation mess. Employer Identification | any business? number ecurity number or ITIN. |
| 1: Give Details About Noin 4 years before you filed for A sole proprietor or self-ell A member of a limited liable A partner in a partnership An officer, director, or mail An owner of at least 5% of No. None of the above applies yes. Check all that apply above Business Name | City State ZIP Coordinate City State ZIP Coordinate Connections to Any or bankruptcy, did you own a business or himployed in a trade, profession, or other accility company (LLC) or limited liability particular programmes of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting or equity securities of a corporation of the voting of the v | Business ave any of the following connections to a tivity, either full-time or part-time hership (LLP) ation iness. Employer Identification Do not include Social S EIN: | any business? number ecurity number or ITIN. |
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| 1: Give Details About Namin 4 years before you filed food A sole proprietor or self-eld A member of a limited liable A partner in a partnership An officer, director, or mand An owner of at least 5% of No. None of the above applies yes. Check all that apply above Business Name | City State ZIP Coo Your Business or Connections to Any or bankruptcy, did you own a business or hi mployed in a trade, profession, or other ac bility company (LLC) or limited liability parti maging executive of a corporation of the voting or equity securities of a corpora or and fill in the details below for each busines Describe the nature of the busines Name of accountant or bookkeeper | Business ave any of the following connections to a tivity, either full-time or part-time mership (LLP) ation ation be a proper identification be not include Social S EIN: Dates business existed From To | number ecurity number or ITIN. |
| 1: Give Details About Namin 4 years before you filed for A sole proprietor or self-ell A member of a limited liable A partner in a partnership An officer, director, or man An owner of at least 5% of No. None of the above applies of es. Check all that apply above Business Name Number Street | City State ZIP Coo Your Business or Connections to Any or bankruptcy, did you own a business or hi mployed in a trade, profession, or other ac bility company (LLC) or limited liability parti maging executive of a corporation of the voting or equity securities of a corpora or and fill in the details below for each busines Describe the nature of the busines Name of accountant or bookkeeper | Business ave any of the following connections to a tivity, either full-time or part-time nership (LLP) ation ation be a second or connection to a tivity, either full-time or part-time nership (LLP) ation ation be a second or connection to a tivity, either full-time or part-time nership (LLP) ation ation be a second or connection to a tivity, either full-time or part-time nership (LLP) ation ation be a second or connection to a tivity, either full-time or part-time nership (LLP) ation ation be a second or connection to a tivity, either full-time or part-time nership (LLP) ation ation ation be a second or connection to a tivity, either full-time or part-time nership (LLP) ation at | number ecurity number or ITIN. |
| 1: Give Details About Namin 4 years before you filed for A sole proprietor or self-ell A member of a limited liable A partner in a partnership An officer, director, or man An owner of at least 5% of No. None of the above applies of es. Check all that apply above Business Name Number Street | City State ZIP Coo Your Business or Connections to Any or bankruptcy, did you own a business or hi mployed in a trade, profession, or other ac bility company (LLC) or limited liability parti maging executive of a corporation of the voting or equity securities of a corpora or and fill in the details below for each busines Describe the nature of the busines Name of accountant or bookkeeper | Business ave any of the following connections to a tivity, either full-time or part-time mership (LLP) ation ation be a second or connection to | number ecurity number or ITIN. |

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| Debtor 1 | Letitia Scott | | Case nur | mber (if known) |
|-------------|--|-------------------|--|--|
| | First Name M | iddle Name | Last Name | |
| | | | | Post and the MC at |
| | | | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| | Business Name | | | |
| | | | | EIN: |
| | Number Street | | Name of accountant or bookkeeper | Dates business existed |
| | | | ****** | |
| | | | | From To |
| | City | State ZIP Cod | 9 | |
| | | | | |
| 28. Witi | nin 2 vears before v | ou filed for ban | cruptcy, did you give a financial statement to anyon | e about your husiness? Include all financial |
| | itutions, creditors, | | | o about your business: miciate an imanciar |
| Z | No | | | |
| | Yes. Fill in the deta | ils below. | | |
| | | | Date issued | |
| | | | | |
| | | | | |
| | Name | | MM / DD / YYYY | |
| | Number Street | | | |
| | (tunber object | | | |
| | | | ····· | |
| | 014 | | | |
| | City | State ZIP Code | • | |
| | | | | |
| | | | | |
| Part 1 | 2: Sign Below | | | |
| 15. | | | | |
| ans | swers are true and | correct. I unders | nent of Financial Affairs and any attachments, and stand that making a false statement, concealing pro | perty, or obtaining money or property by fraud |
| in o | connection with a b U.S.C. §§ 152, 1341 | ankruptcy case | can result in fines up to \$250,000, or imprisonment | for up to 20 years, or both. |
| | 33 , | , , | | |
| مه | . f - 0 | | 40 | |
| | delila se | att | * | |
| • | Signature of Debtor 1 | | Signature of Debtor 2 | |
| | Date 11-23-20 | 16 | Date | |
| | | • | ur Statement of Financial Affairs for Individuals Fili | ng for Bankruntev (Official Form 107)? |
| 12 1 | | ····· pugos se ve | | ig to burnapity (official Form 101): |
| | No Yes | | | |
| **** | . 55 | | | |
| Dia | VOU NOV OF SOME | o nav someone | who is not an attorney to help you fill out bankrupto | ov forme? |
| ☑ | | o pay someome | who is not an attorney to neip you fill out pankrupto | sy torris? |
| | | n | A | ttach the Bankruptcy Petition Preparer's Notice, |
| | | | | Declaration, and Signature (Official Form 119). |

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| Fill in this ir | nformation to identify | your case: | | |
|---|---------------------------------------|-------------|-----------|--|
| Debtor 1 | Lexik A | Middle Name | 5CO FF | |
| Debtor 2 (Spouse, if filing |) First Name | Middle Name | Last Name | |
| United States | Bankruptcy Court for the: | District | of | |
| Case number (If known) | · · · · · · · · · · · · · · · · · · · | | | |
| *************************************** | | | | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule Ca |
|--|--|--|
| Creditor's name: Wells Fargo | ☐ Surrender the property. | □ No |
| name. | Retain the property and redeem it. | ☑ Yes |
| Description of My home (Real estate) property securing debt: | ☑ Retain the property and enter into a Reaffirmation Agreement. | |
| · | Retain the property and [explain]: | |
| Creditor's | ☐ Surrender the property. | ☐ No |
| name: | Retain the property and redeem it. | ☐ Yes |
| Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | - 103 |
| | Retain the property and [explain]: | |
| Creditor's name: | ☐ Surrender the property. | □ No |
| | Retain the property and redeem it. | Yes |
| Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | |
| | Retain the property and [explain]: | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | Retain the property and redeem it. | ☐ Yes |
| Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | |
| - | Retain the property and [explain]: | |

Debtor 1

| Case 16-37478 | Doc 1 | Filed 11/28/16 | Entered 11/28/16 15:57:05 | Desc Main |
|------------------------|-----------|----------------|---------------------------|-----------|
| Lelikin | <11 A | <u> </u> | Page 58 of 58 | |
| First Name Middle Name | Last Name | | Case number (If known) | |

Part 2:

List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

| Description of leased property: Lessor's name: Description of leased property: Description of leased property: Lessor's name: Description of leased property: Description of leased property: Description of leased property: Description of leased property: Description of leas | Vill the lease be assumed? |
|--|----------------------------|
| ascription of leased operty: assor's name: ascription of leased operty: ascrip | l No |
| escription of leased operty: continued by the continue | Yes |
| poserty: pssor's name: pscription of leased operty: pssor's name: pssor's nam | No |
| escription of leased operty: Escrip | Yes |
| poperty: posor's name: posor's nam | No |
| escription of leased operty: Secription of leased operty: Escription of leased operty: Escrip | Yes |
| escription of leased operty: essor's name: escription of leased operty: ### Comparison of leased operty: ### Comparis | No |
| escription of leased operty: essor's name: escription of leased operty: essor's name: escription of leased operty: 3: Sign Below der penalty of perjury, I declare that I have indicated my intention about any property of my estate that secusional property that is subject to an unexpired lease. | Yes |
| escription of leased operty: essor's name: escription of leased operty: essor's name: escription of leased operty: 3: Sign Below der penalty of perjury, I declare that I have indicated my intention about any property of my estate that secusional property that is subject to an unexpired lease. | |
| escription of leased operty: essor's name: escription of leased operty: 3: Sign Below der penalty of perjury, I declare that I have indicated my intention about any property of my estate that secusional property that is subject to an unexpired lease. | Yes |
| escription of leased operty: essor's name: escription of leased operty: 3: Sign Below der penalty of perjury, I declare that I have indicated my intention about any property of my estate that secusional property that is subject to an unexpired lease. | No |
| escription of leased operty: 3: Sign Below der penalty of perjury, I declare that I have indicated my intention about any property of my estate that secusional property that is subject to an unexpired lease. | Yes |
| Sign Below der penalty of perjury, I declare that I have indicated my intention about any property of my estate that secus sonal property that is subject to an unexpired lease. | |
| der penalty of perjury, I declare that I have indicated my intention about any property of my estate that secusional property that is subject to an unexpired lease. | Yes |
| Sonal property that is subject to an unexpired lease. | |
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| gnature of Debtor 1 Signature of Debtor 2 ate // 23 20/6 Date | |